

**NC FAST Child Welfare Case Management
Software Demonstrates Adequate Functionality but
Poor Usability**

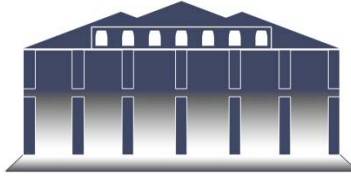


**Final Report to the Joint Legislative
Program Evaluation Oversight Committee**

Report Number 2020-04

June 8, 2020

Version Updated June 12, 2020



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Director

June 8, 2020
(Version Updated June 12, 2020)

Senator Brent Jackson, Co-Chair, Joint Legislative Program Evaluation Oversight Committee
Representative Craig Horn, Co-Chair, Joint Legislative Program Evaluation Oversight Committee

North Carolina General Assembly
Legislative Building
16 West Jones Street
Raleigh, NC 27601

Honorable Co-Chairs:

Session Law 2019-240 directed the Program Evaluation Division (PED) to examine the functionality of Project 4 (P4), the child welfare module of NC FAST.

I am pleased to report that the Department of Health and Human Services cooperated with us fully and was at all times courteous to our evaluators during the evaluation.

Sincerely,

A handwritten signature in black ink, appearing to read "John W. Turcotte".

John W. Turcotte
Director



PROGRAM EVALUATION DIVISION

NORTH CAROLINA GENERAL ASSEMBLY

May 2020

Report No. 2020-04

NC FAST Child Welfare Case Management Software Demonstrates Adequate Functionality but Poor Usability

Summary

IN BRIEF: Session Law 2019-240 directed the Program Evaluation Division (PED) to examine the functionality of Project 4 (P4), the child welfare module of NC FAST. The Program Evaluation Division found that P4 is functional but scores poorly on usability. Implementation of P4 by the Department of Health and Human Services (DHHS) has been challenged by a host of issues including the absence of a state practice model, resource disparities, insufficient training, and issues surrounding appropriations.

BACKGROUND: For the past decade, DHHS has worked to deploy the North Carolina Families Accessing Services through Technology (NC FAST) system, which delivers economic benefits and human services at the county level through an integrated, cross-functional approach. The child welfare component of NC FAST is called P4 and was designed to improve how DHHS and county departments of social services complete their work and conduct oversight. P4 went live in five pilot counties in August 2017. It was not well-received by users, who found the system cumbersome. Session Law 2019-240 made P4 optional for non-pilot counties.

Lack of a unified practice model and resource disparities between counties hinder the State's ability to implement a child welfare case management system. Development and deployment of a statewide child welfare case management system has been impeded by the absence of a state practice model and corresponding standardized business practices. In addition, disparities between counties in terms of staff, hardware, and other goods and services have affected the State's ability to implement P4.

Lack of state policy leadership and insufficient training have stymied P4 implementation. The failure of child welfare staff to participate in initial NC FAST development undermined the State's ability to ensure design concepts would support child welfare functions. DHHS policy staff also did not provide active guidance on how to align the system with state policy. P4's project contractor in charge of training experienced difficulty hiring individual trainers with subject matter knowledge, which contributed to counties feeling unprepared to use P4.

Recommendation: The General Assembly should direct DHHS to collaborate with a qualified organization to develop a system of standardized child welfare business processes that coordinate with the State's future practice model.

Recommendation: The General Assembly should direct DHHS to require any future training contractor to conduct culture change readiness training.

The oversight structure of NC FAST contributed to P4 development and implementation challenges.

The Department of Information Technology's (DIT's) Enterprise Project Management Office oversees all state information technology projects; however, DHHS conducts most P4 management and oversight internally. DHHS employs Maximus, a third-party vendor, to perform periodic quality reviews. Although DHHS responded to some Maximus recommendations with plans and remedial actions, these responses were not always timely, nor did DHHS consistently comply with all recommendations.

Recommendation: If the General Assembly chooses to fund NC FAST in Fiscal Year 2020–21, it should direct DIT to embed staff within the NC FAST team to provide state oversight and reporting on P4 challenges.

NC FAST P4 is functional, but usability is poor. Functionality measures whether software can perform needed tasks. Ensuring a system's functionality begins with the creation of business requirements documenting business system functions that mimic some aspect of a social worker's job duties. NC FAST P4 has 4,633 distinct requirements, and as of February 2020, 86% of identified business system functions have been delivered. However, with a score of 40 on the System Usability Scale, P4 ranks in the lowest 15% of systems. In addition, dependence on workarounds and the help desk reduce employee productivity.

Recommendation: The General Assembly should direct DHHS to prioritize improvements in the usability of NC FAST in future vendor contracts.

Recommendation: To reduce unnecessary risk to the State, the General Assembly should direct DHHS to require a free proof of concept for any additional software purchased for child welfare case management.

Issues surrounding appropriations have delayed improvements to functionality; indecision about NC FAST P4 will increase overall project costs and may subject the State to federal penalties. Issues surrounding appropriations in State Fiscal Year 2019–20 have halted most work on P4 and led to the dismissal of the majority of P4 team staff. The State may face additional software purchasing costs in addition to costs associated with further P4 development and deployment. Finally, the State may face a penalty from the federal government and a lower reimbursement rate by supplementing or replacing P4 with other software.

Purpose and Scope

Session Law 2019-240 directed the Program Evaluation Division to examine the child welfare case management functionality of NC FAST P4. This legislation also directs the Department of Health and Human Services (DHHS) to develop a request for information to improve or replace the child welfare case management component of NC FAST in conjunction with the North Carolina Association of County Directors of Social Services.

This evaluation addressed three research questions:

1. What is the current case management functionality and usability of NC FAST P4?
2. What factors hindered implementation of NC FAST P4 and/or complicate efforts to improve the system?
3. What issues influence the decision of whether to adopt an external child welfare case management system?

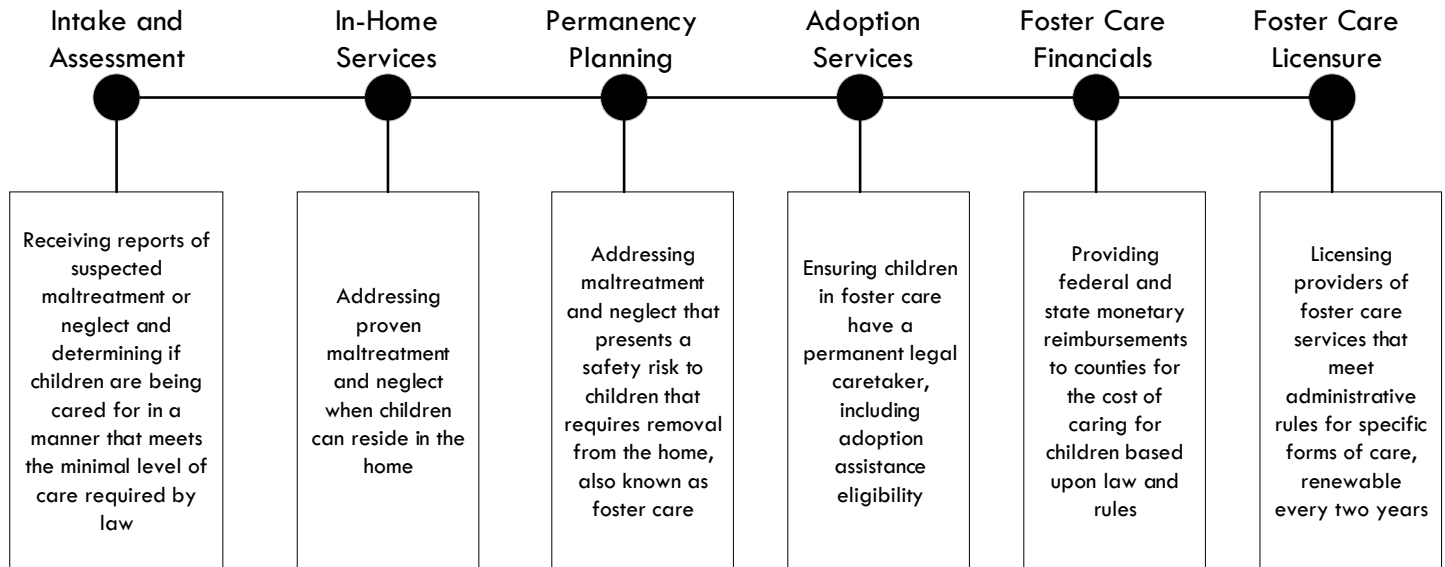
The Program Evaluation Division collected and analyzed data and information from a variety of sources including:

- interviews with and queries of the Department of Health and Human Services and the NC FAST P4 development team;
- interviews with and site inspections of seven counties currently using the full version of NC FAST P4;
- interviews with the Fiscal Research Division, Department of Information Technology, Office of the State Auditor, and Office of State Budget and Management;
- an interview with the federal Administration for Children and Families;
- a survey of workers and supervisors in 11 counties using the full version of NC FAST P4;
- interviews and queries of NC FAST P4 contractors IBM/Cúram and Accenture; and
- interviews with the National Conference of State Legislatures, the Information Systems Audit and Control Association, and the North Carolina Association of County Directors of Social Services's executive committee.

Background

North Carolina’s Division of Child Welfare Services promotes the well-being, permanency, and safety of children by helping families care for their children successfully or, when that is not possible, helping children find permanency with kin or adoptive families. As a division of the Department of Health and Human Services (DHHS), Child Welfare Services provides specific services to meet its goal including child protection, foster care placement, and adoption. Exhibit 1 provides a detailed description of these services.

Exhibit 1: Child Welfare Program Services



Source: Program Evaluation Division based on information from the Department of Health and Human Services.

Local governments administer child welfare services. North Carolina is one of ten states that provide social services programs through a state-supervised, county-administered system. With this system, North Carolina relies on local departments of social services to administer child welfare. The primary functions of child welfare agencies are to

- receive and investigate reports of possible child abuse and neglect;
- provide services to families that need assistance in the protection and care of their children;
- arrange for children to live with kin or with foster families when they are not safe at home; and
- arrange for reunification, adoption, or other permanent family connections for children leaving foster care.

In addition to providing services, county child welfare agencies are responsible for providing local funds and reporting local data to the state. County child welfare agencies must also abide by federal and state rules and requirements in administering all child welfare programs.

Responsibility for child welfare services and outcomes ultimately rests with the State. Through its Division of Social Services, DHHS provides oversight, technical assistance, and training to county departments. The Division of Social Services has a Child Welfare section that develops

extensive state child welfare policies, provides consultations, and monitors counties' compliance and performance. In extreme situations in which a county department is not providing or making reasonable efforts to provide child welfare services in accordance with North Carolina statutes and regulations, DHHS has the authority to assume responsibility for delivery of services.

The state-supervised, county-administered model has advantages and disadvantages. Different types of administration determine the degree of centralization of authority and responsibility for child welfare funding, policymaking, licensing, and training for workers. In North Carolina's system, decisions about staffing, training, equipment, and software are made by directors of county departments of social services, county managers, and commissioners. Social services workers are employed by individual counties, whereas these workers in most state-administered systems are state employees. As noted in the 2018 Center for the Support of Families study on social services reform, benefits associated with a state-supervised, county-administered system include

- allowing local governments the flexibility to tailor services to the population of the county,
- coordinating services with other county agencies and organizations more easily,
- developing and deploying local policy and technology, and
- sharing costs for common services and functions.

Drawbacks to this system may include:

- lack of a single point of authority for critical decisions about program administration and policy;
- difficulty developing consensus;
- increased time needed to make decisions and implement major program changes;
- potential lack of ability for counties to provide adequate funding for staffing and other resources or services required by state policy; and
- inadequately funded state operations, leading to an inability to provide supervision of 100 counties, creating both compliance issues with state and federal laws and issues with proper support of counties.

Case management is an essential process for child welfare. Within child welfare services, case management involves

- working with families to establish goals,
- creating plans to achieve established goals,
- providing services to meet needs identified in assessments,
- monitoring progress toward achieving goals, and
- closing cases when goals have been achieved.

All facets of child welfare services, from accepting reports of child maltreatment to adoption, rely on case management principles and practices. Case management is complex, and workers use structured tools

such as decision trees to reach decisions about child safety and potential interventions.

Child welfare case management systems store electronic records of interactions between social services agencies and children and families.

Child welfare case management systems serve as the systems of record for all children and families receiving child welfare support services. An electronic child welfare case management system is the location where social workers record all interactions with clients, including reports of maltreatment, visits to families that need in-home services, and family member activities such as attendance at parenting classes or rehabilitation. Case management systems also keep track of foster homes, adoption activities, and court actions. These data are used for local, state, and federal reporting as well as strategic decision making.

North Carolina's lack of a comprehensive child welfare case management system places children at risk.

At present, child welfare work processes and tools vary from county to county. Approximately 60% of counties rely heavily on paper processes, some counties use a mixture of paper and electronic processes, and a small number of counties have their own electronic case management systems. This inconsistency in system usage places children at risk because counties are not equipped to share real-time information with each other or the State. For example, if a paper-based county screens in a report alleging serious abuse or neglect and there is no follow up on that intake, DHHS—and potentially the county itself—has no way to be alerted in real time that required action was not taken. Inaction potentially places a child or children in danger and is a violation of state law.

The adoption of a statewide case management system is essential to improve data collection, reporting, and monitoring.

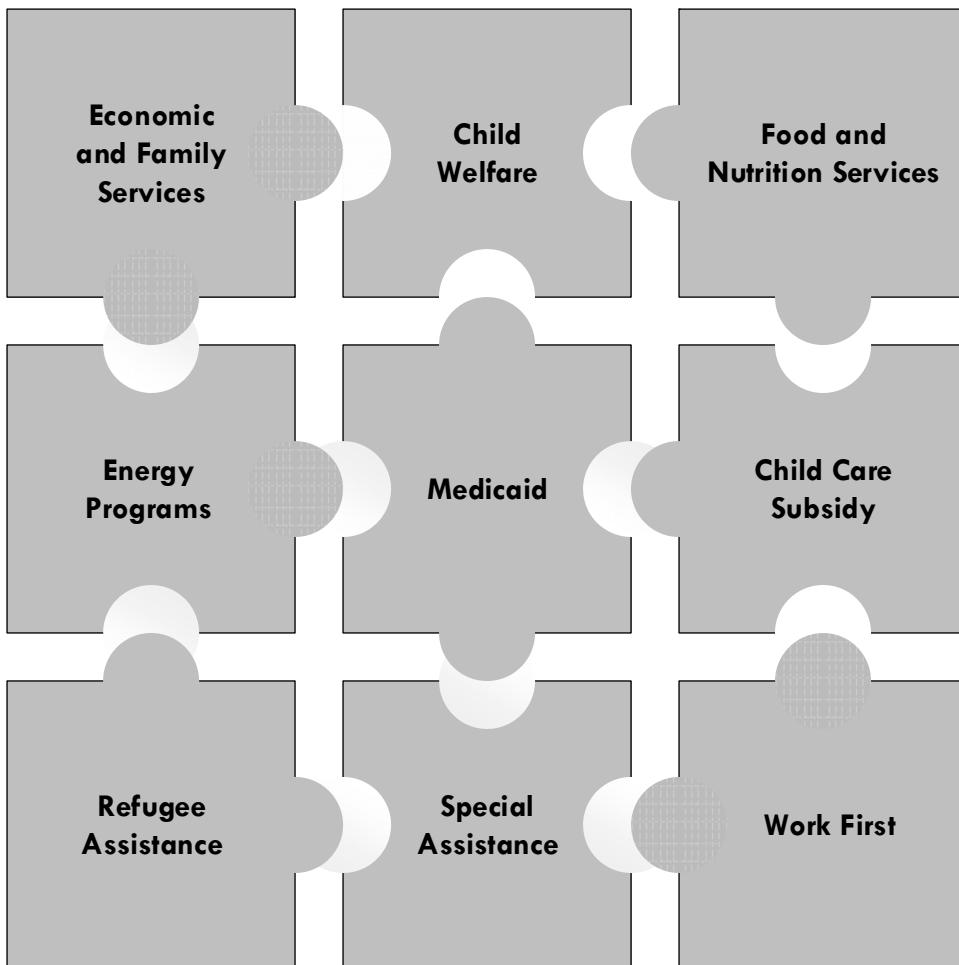
Currently, counties are required to periodically enter some data from their files (paper or electronic) into outdated state legacy systems for statewide monitoring, supervision, and reporting. Entering data into legacy systems requires the use of duplicative data sources and limits the timeliness, transparency, and availability of data. With a statewide electronic system, case information and important data can be monitored in real-time and troubling trends and events can be quickly identified and addressed. As encouraged by the federal government, most states are developing and using a statewide case management system to improve data quantity and quality.

For the last decade, DHHS has been deploying the North Carolina Families Accessing Services through Technology (NC FAST) system.

The NC FAST system delivers state economic benefits and human services at the county level through an integrated, cross-functional service delivery approach. As depicted in Exhibit 2, NC FAST will share client data across nine programs and all 100 North Carolina counties, making it easier to provide services to families as their needs change or as they move between counties. NC FAST is based on a commercial off-the-shelf technology platform created by IBM/Cúram. The software comes as a largely prebuilt framework and requires customization to meet North Carolina's specific needs. NC FAST consists of numerous modules for specific social services tasks such as Food and Nutrition Services, Medicaid,

Temporary Assistance for Needy Families (TANF), Special Assistance, Refugee Assistance, Child Care, and Energy programs. A detailed description of NC FAST is provided in Appendix A.

Exhibit 2: NC Fast Will Link Economic Benefits and Social Services for Families



Source: Program Evaluation Division based on information from the Department of Health and Human Services.

Integrated case management systems such as NC FAST help clients obtain comprehensive services, keep social workers better informed about client activities, and increase data reporting and accountability. Using NC FAST, social workers can quickly and easily view all other services that clients are receiving, making social workers better equipped to assist clients efficiently and appropriately. For instance, a fully developed NC FAST system could automatically inform social services workers which specific Adult and Family Services benefits a child would qualify for upon aging out of the foster care system. Another key advantage of NC FAST is its ability to track individuals and outcomes, thereby providing more transparency, accountability, and accurate reporting and analysis both at the federal and state level. Through automation and system modernization, NC FAST is designed to help recipients and providers of social services by reducing processing times,

service gaps, and the potential for fraud, redundancy, and inaccurate or duplicative data.

The NC FAST P4 module is an effort to modernize and improve child welfare data collection and usage in North Carolina. The child welfare component of NC FAST is called Project 4 (P4). NC FAST P4 was designed to improve how DHHS and county departments of social services complete their work and conduct oversight. As of February 1, 2020, a total of \$108.3 million had been spent on NC FAST P4, of which the State has paid \$52 million. North Carolina used federal funding available to state agencies to develop and maintain automated child welfare case management systems.¹ To date, the federal government has contributed \$56.3 million for the NC FAST P4 module.

P4 includes functionality to support most aspects of child welfare services statewide including

- intake reports of potential child abuse or neglect;
- assessment of the circumstances noted during intake;
- case management support for in-home services, foster care, and adoption;
- licensing of foster parents and facilities;
- payments for foster care placements; and
- the interstate Compact for Placement of Children and National Electronic Interstate Compact Enterprise.

A child welfare case management system is required for North Carolina to comply with the State's federally required Program Improvement Plan. The 2015 federal Child and Family Services Review found that North Carolina failed to meet any of the required performance measures, resulting in the implementation of a federal Program Improvement Plan. One of the areas identified as needing improvement was the State's information system. Historically, North Carolina's child welfare services have demonstrated poor data quality as a result of information system limitations. P4 should improve data quality because it contains internal data validation, prevents entry of contradictory information, and facilitates the collection of additional data to conform with all state and federal reporting requirements. In addition, P4 will contain a single unique identifier for each child involved with the social services system, the lack of which has been a long-standing federal concern. Exhibit 3 depicts the NC FAST P4 functions the Program Evaluation Division classified as pertaining to case management for the purposes of this evaluation.

¹ Designing and implementing a Comprehensive Child Welfare Information System (CCWIS) is a choice that any state can make. Pending a state's ability to meet CCWIS requirements for a system that is designed to support a social worker's needs, a state is eligible for more favorable cost reimbursements. As of February 2020, 45 states have indicated that they will attempt to build CCWIS-compliant systems.

Exhibit 3: Child Welfare Case Management Functions

Activity	Core Functions	
Child Maltreatment Reporting	Intake Child Protective Services Assessment	
CPS In-home Services	In-home Case Management Outcome Planning	
Foster Care	Child Placement Interstate Compact on the Placement of Children Foster Care 18-21 Program Independent Living Services for Foster Children	Eligibility IV-E Indian Child Welfare Act Legal Outcome Planning
Foster Care Providers	Provider Licensure/Re-licensure	
Adoption	Pre-Adoption, Conf Int. Eligibility	NC KIDS Adoption and Foster Care Network Adoption Family Registration
Financials	Foster Care Independent Living Services for Foster Children	Guardian Assistance Program Adoption Assistance
Universal Functions	Management and Federal Reporting Dashboards Forms Process Support Mobile Applications	Person Search Family Search Security 24x7, Extended Access

Source: Program Evaluation Division based on information from the Department of Health and Human Services.

Session Law 2016-94, enacted in July 2016, required DHHS to have a functional child welfare case management system by December 31, 2017. DHHS started development work on NC FAST P4 in 2016. The mandate meant that DHHS had less than two years to create and implement the child welfare module. DHHS, the NC FAST team, and counties were collectively apprehensive about the aggressive project schedule. Eventually, DHHS realized it would not be able to meet the legislative directive, but in order to comply the department attempted and succeeded in having the entire module deployed to at least some pilot counties by December 2017.

NC FAST P4 was not well received by pilot counties upon its launch. NC FAST P4 went live in five pilot counties in August 2017. It was not well received by county departments of social services, who found the system cumbersome. This negative feedback made other counties hesitant to adopt P4, culminating in a letter sent from the North Carolina Association of

County Directors of Social Services (NCACDSS) to DHHS in December 2017 expressing concerns about the potentially negative effect P4 would have on county agencies and the families and children they serve. The letter highlighted early pilot counties' struggles with system availability, reliability, training, and technical support, and their sense that more time and resources were needed for proper implementation of P4.

DHHS subsequently made improvements to the software and rolled out P4 to six additional counties in March 2018. However, the 11 pilot counties still felt significant improvements were needed. Based on this feedback, DHHS delayed further rollout to again improve system functionality and then attempted to restart rollout solely for Intake and Assessment services to more counties in early 2019. Although all NC FAST modules have experienced implementation challenges, issues with child welfare case management software are particularly concerning because children's safety and well-being can be affected by a poorly functioning system.²

Stakeholder sentiment against P4 grew after the Social Services Regional Supervision and Collaboration Working Group (SSWG) recommended re-examining use of P4. The legislature established the SSWG to develop recommendations for the General Assembly to consider in its plans to reform and improve the State's social services system. Given ongoing county challenges with P4, the SSWG recommended the General Assembly immediately reexamine plans to use NC FAST P4 for child welfare case management in December 2018. NCACDSS formally endorsed this recommendation in February 2019.

In March 2019, Senate Bill 212 proposed postponing further P4 implementation and recommended making P4 Intake and Assessment services optional for non-pilot counties. In response, DHHS reformulated the P4 rollout schedule, temporarily halting further rollouts and allowing non-pilot counties to opt out of using Intake and Assessment functionality until completion of further development efforts. In November 2019, Session Law 2019-240 made it optional for non-pilot counties to use P4. Currently, deployment of P4 to other counties is on hold until at least July 2020. This timeline of events is summarized in Exhibit 4.

² For instance, one manager noted that since the implementation of P4 their office no longer required social workers to keep case notes updated every seven days even though this requirement is state policy.

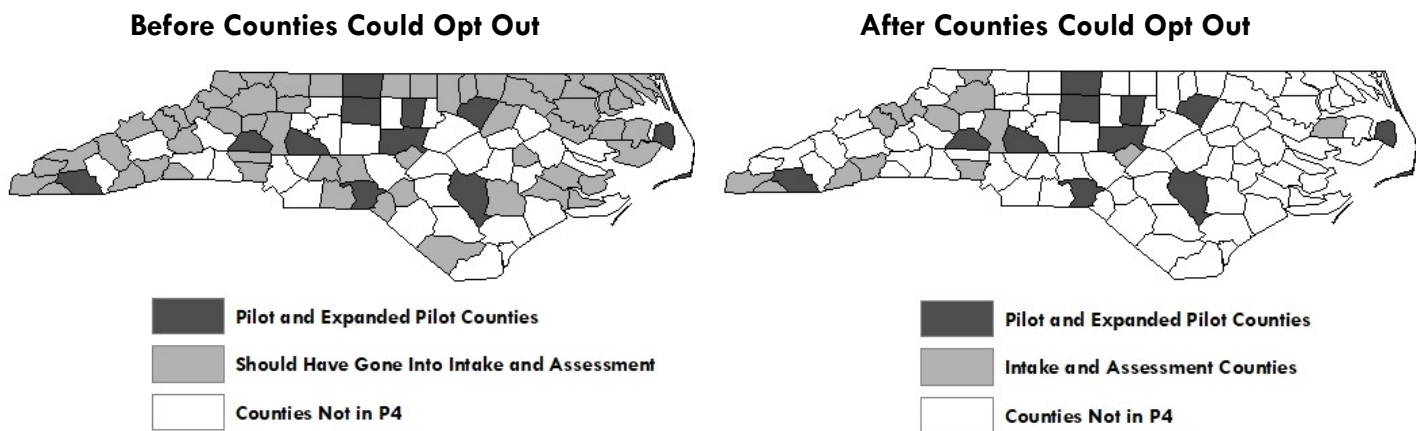
Exhibit 4: Timeline of NC FAST P4 Development and Rollout

	<u>State/Social Services Actions</u>	<u>Federal Actions</u>
2015	<ul style="list-style-type: none"> September: NC FAST workgroup develops business requirements for P4 	<ul style="list-style-type: none"> December: Federal review finds North Carolina child welfare system fails to meet all 14 performance measures
2016	<ul style="list-style-type: none"> February: P4 development begins June: NC FAST workgroup revises P4 business requirements July: Session Law 2016-94 passes; requires P4 to be operational by Dec. 31, 2017 	<ul style="list-style-type: none"> January: Administration on Children, Youth and Families (ACYF) places the Department of Health and Human Services (DHHS) on three-year Performance Improvement Plan June: New Federal Comprehensive Child Welfare Information System regulations 45 CFR § 1355.50 – 1355.59 support cost-effective, innovative technologies to automate case management data collection
2017	<ul style="list-style-type: none"> July: Session Law 2017-41 (Rylan’s Law) passes, governing reformation of NC social services and child welfare programs August: P4 is rolled out to five counties: Franklin, Guilford, Richmond, Rockingham, and Sampson December: North Carolina Association of County Departments of Social Services sends letter to General Assembly detailing concerns with P4 	
2018	<ul style="list-style-type: none"> March: P4 is rolled out to six more pilot counties: Catawba, Chatham, Dare, Macon, Orange, and Rowan March-May: DHHS pauses rollout, works with pilot counties and IBM on intensive redesign process June: PIP policy changes/Modified Policy Manual implemented in NC FAST December: Social Services Regional Supervision and Collaboration Working Group recommends General Assembly and DHHS reexamine plans to use NC FAST P4 for child welfare case management 	<ul style="list-style-type: none"> February: Family First Prevention Services Act passes, allowing federal child welfare funds to be used for prevention services
2019	<ul style="list-style-type: none"> January-February: Additional 23 counties rolled into NC FAST P4 for Intake and Assessment March: Senate Bill 212 proposes making NC FAST P4 optional for non-pilot counties November: Session Law 2019-240 passes; postpones implementation of P4 case management until July 2020; requires pilot counties to continue using P4, allows other counties to opt out; requires Program Evaluation Division to report on case management functionality; requires DHHS to issue a Request for Information (RFI) for improving or replacing P4 	<ul style="list-style-type: none"> December: ACYF grants approval of NC FAST Advanced Planning Document update if DHHS creates a plan to recompetitively procure IBM/Cúram and Maximus contracts; establishes conditions for Title IV-E funding for P4; allows retroactive Comprehensive Child Welfare Information System payments for P4 if North Carolina maintains compliance
2020	<ul style="list-style-type: none"> January: P4 rollout plans halted pending Program Evaluation Division study and RFI; restricted budget eliminates most P4 contracted staff, hindering further P4 development and improvement 	

Source: Program Evaluation Division based on state and federal legislation and information from DHHS. ACYF is the U.S. Department of Health and Human Services’s Administration on Children, Youth and Families.

Delayed rollout of NC FAST P4 means few counties are using an integrated case management system. As Exhibit 5 shows, 57 counties were expected to adopt P4 Intake and Assessment functionality during the spring of 2019, adding to the 11 pilot and expanded pilot counties. However, after legislation allowed counties to opt out of NC FAST P4, more than 40 counties scheduled for implementation chose not to join the system. At present, 25 counties are using NC FAST for Intake and Assessment and 11 pilot counties are using NC FAST for additional services such as In-Home Services and Permanency Planning.

Exhibit 5: Planned Rollout of NC Fast Dropped from 68 to 25 Counties Following Passage of Session Law 2019-240



Source: Program Evaluation Division based on information from the Department of Health and Human Services.

Additional factors have complicated technical issues surrounding software suitability. Year-to-year appropriations fund NC FAST, and the lack of an appropriation for Fiscal Year 2019–20 has sharply reduced development and maintenance activities. For P4, development has been limited to defect resolution and a limited number of high priority change requests while efforts to address functionality issues such as 24/7 access to the system have been delayed. In addition, Session Law 2019-240’s allowance of counties to forgo P4 Intake and Assessment functionality factored into the federal government’s decision to limit Title IV-E funding for P4.

This evaluation primarily focuses on the functionality and usability of NC FAST P4. The legislation directing this evaluation required the Program Evaluation Division to examine the functionality of P4. However, software systems that are functional may or may not be easy to use. Therefore, a concept closely related to functionality is usability.

- Functionality measures if and how software can perform needed tasks. A high level of functionality is necessary to ensure P4 operates according to DHHS-specific requirements.
- Usability is a measure of the ease with which the product can be used to complete required tasks. Usability encompasses overall structure, navigational flow, layout of elements on a page, clarity of content, and overall behavior.

Due to the important and time-sensitive nature of child welfare casework, as well as the federal requirements for such a system, supportive software must be both functional and usable.

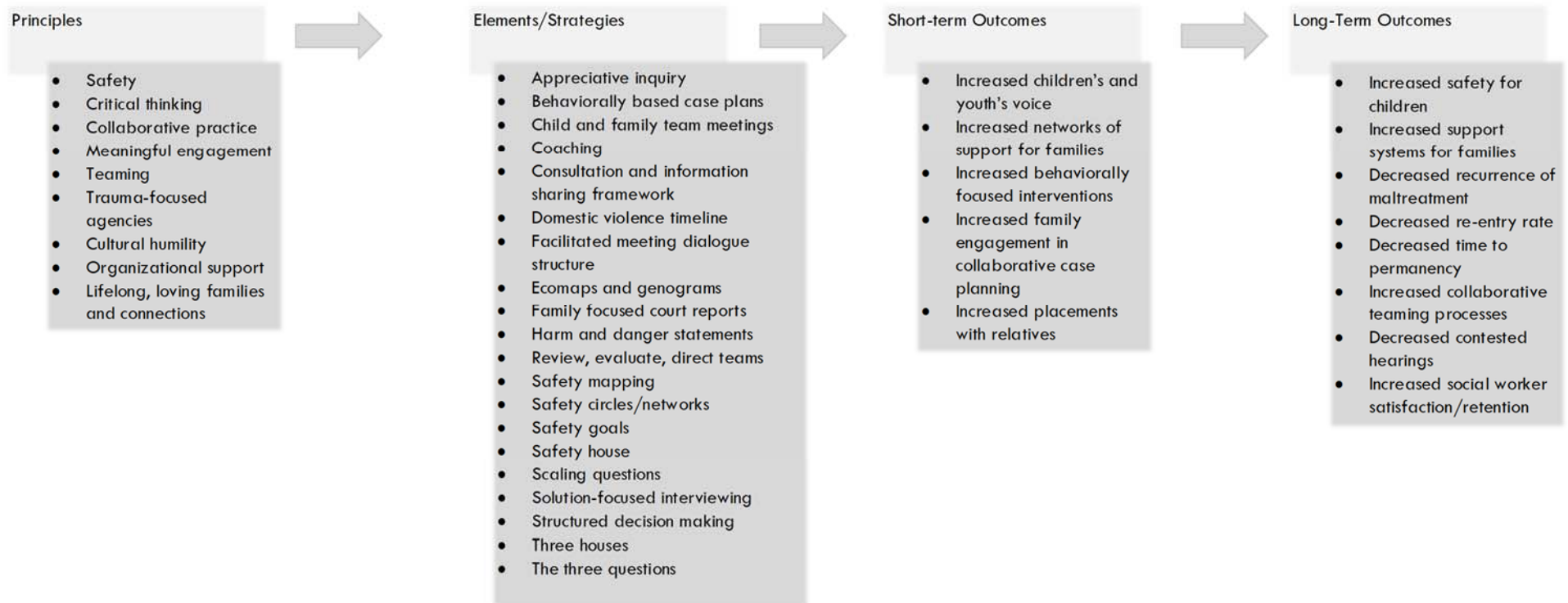
Findings

Finding 1. Lack of a unified child welfare practice model and resource disparities among counties hinder the State's ability to implement a child welfare case management system.

To summarize the finding below, one challenge that adversely affects the implementation of a statewide case management system is the lack of a unified practice model and corresponding standardized business practices. In addition, North Carolina's state-supervised, county-administered system leads to resource disparities among counties. These issues predate the development of P4 and were documented by the Social Services Regional Supervision and Collaboration Working Group (SSWG) in 2018 and by the Public Consulting Group's state-sponsored evaluation of Child Protective Services in 2016.

North Carolina does not have a unified practice model for child welfare case management. In the context of child welfare services, a practice model refers to a conceptual map and stated organizational ideology for how agency employees, families, and stakeholders should partner in creating a physical and emotional environment that emphasizes the safety, permanency, and well-being of children and their families. Exhibit 6 illustrates an example of a child welfare practice logic model.

Exhibit 6: Logic Model for a Child Welfare Services Practice Model



Source: Program Evaluation Division based on "Safety Organized Practice: An Implementation and Practice Guide for Child Welfare Supervisors" produced by Northern California Training Academy, Center for Human Services University of California, Davis, California 95618.

Effective child welfare systems are based upon and driven by an overarching conceptual framework that unifies agency functions. An effective practice model will contain

- core principles, agency values, and standards of professional practice;
- strategies and functions to achieve these core principles, agency values, and standards of professional practice;
- plans for assessing service needs and engaging families;
- strategies to measure family outcomes;
- strategies to measure agency and worker outcomes;
- plans for measuring and sustaining organizational success; and
- plans for supporting organizational and practice change.

Ideally, a practice model would provide guidance for how specific activities should be performed. The Department of Health and Human Services (DHHS) would subsequently build business processes around these expectations.

The Program Evaluation Division found the lack of a practice model and corresponding standardized business practices negatively affected development of the NC FAST P4 module.

Absent a common practice model and standardized business practices among counties, the P4 design process was marked by a struggle to distinguish between preferences and needs. During design sessions, counties were unable to agree on how the case management system should handle specific issues. For instance, the Intake section was redesigned three times because participants could not decide which fields should be required and which should be optional. Because state policy allows counties to amend standardized state forms for activities such as maltreatment report intake, workers from different counties likely had varying ideas about what the intake form “should” look like. Other examples of how inconsistency in business practices across counties affected system design include

- more than 2,000 hours of time devoted to redesigning the case notes section based on input from county representatives, only for these representatives to determine that the changes did not substantially improve the initial tool;
- disagreement regarding the content of letters to individuals who report potential child mistreatment, leading to revision, and
- 1,691 total enhancements, design adjustments, and defect resolutions for the NC FAST P4 module.

The lack of a statewide practice model led to disagreement about the use of risk assessment tools and has contributed to inconsistency in county policies. DHHS significantly modified structured decision-making tools in North Carolina’s version of the IBM/Cúram software because, in its words, “counties said there is not a state practice model, and we don’t want the system (P4) telling counties how to do this.” The department also chose not to update or validate some tools based on the P4 project timeline and absence of a practice model. The lack of a statewide practice model also may contribute to inconsistent child welfare policy implementation among counties. Substantial inconsistency in county CPS

practices was identified in the Program Evaluation Division's 2019 report on Child Protective Services (CPS) intake screening.³ For example, 22 counties indicated they use local criteria, policies, or guidance in addition to state policy when screening reports. As noted by one stakeholder, "Pilot counties have struggled adapting to an automated system so much. I think a reason for that is so much variability in the process, which is why we are developing the P4 Child Welfare system to begin with." In a better-coordinated system, policies and business practices would be developed within the framework of a practice model and would be consistent between workers and counties.

A state-sponsored 2016 CPS evaluation identified North Carolina's lack of a statewide practice model as a barrier to implementation of P4. The authors of this study asserted,

"The absence of a practice framework for CPS and child welfare creates variation in case practice between counties, resulting in challenges for the Division to ensure consistency between counties, provide support and technical assistance, and train new social workers on universal practices and performance measures."

DHHS had led a state-county workgroup in 2012 to explore options to procure an evidence-based practice model for CPS in-home services, but these efforts were halted due to the development and implementation of NC FAST.

The 2018 Social Services Working Group report repeated the call for a unified practice model. The authors noted,

"One way to create consistency in child welfare practice throughout North Carolina and to provide accountability is to develop or adopt a practice framework. In an effective practice framework, the practices are grounded in the values, principles, relationships, approaches, and techniques used at the system and caseworker level to enable children and families to achieve safety, permanency, and well-being goals. Organizing these practices into a trauma-informed, safety-focused, family-centered, and culturally-competent framework provides a standard for imitation or comparison; a structure that holds them together based on an underlying set of common ideas, agreements or policies."

In response to these concerns, DHHS has made the selection and application of a practice model for child welfare a priority. DHHS's 2020–2024 strategic plan includes the adoption of this model, which nonetheless will not be implemented until 2024.

North Carolina's status as a state-supervised, county-administered system invites staffing and resource issues that further complicate the adoption of a case management system. As discussed in the Background, the State's Division of Social Services oversees and is responsible for the

³ Program Evaluation Division. (2019, November). Child Protective Services intake screening lacks consistency. Report to the Joint Legislative Program Evaluation Oversight Committee. Raleigh, NC: General Assembly.

delivery of social services, but county departments of social services actually deliver services. North Carolina's decision to structure delivery of social services using a state-supervised, county-administered model has made adoption of a statewide case management system challenging due to variation between counties in staffing and resources resulting from their unique populations and economic conditions. According to one change management contractor,

"The state-supervised, county-administered structure creates a number of complications and challenges for the implementation of a statewide system that may not be present, or at least not to the same degree, in states that are both state-run and state-administered. Some of these may be technical challenges but the change management efforts necessary for a given project may be significantly more complex given the variation in operations from county to county in a state following the state-supervised county-administered model, particularly with programs as large and complex as child welfare."

Local governments control child welfare program staffing, not the State.

As a result, North Carolina's counties offer a wide range of salaries for social workers. In turn, low-paying counties become feeder counties, hiring less-qualified workers and then losing them to neighboring counties after the workers have gained experience. Many directors of county departments of social services experience difficulty in getting approval from county managers and commissioners for new Child Protective Services assessment positions when they are needed to meet increasing caseloads.

High levels of staff turnover are a pervasive problem for child welfare agencies, both within North Carolina and nationally. The Center for Support of Families produced a Child Welfare Reform Plan for North Carolina in 2018. One issue the report noted was the aggregate annual turnover rate for frontline social work positions in child welfare, which was 32.1% in 2017. This issue is not limited to North Carolina. In 2003, a U.S. Government Accountability Office report estimated child welfare staff turnover ranging from 30% to 40% annually nationwide, with the average tenure of child welfare workers being less than two years. This turnover causes staffing shortages that increase the workloads of remaining staff and consequently limit agencies' attainment of key federal safety and permanency outcomes. Increased workloads leave staff with less time to establish relationships with children and families, conduct frequent and meaningful home visits, and make thoughtful and well-supported decisions regarding safe and stable placements.

CSF reported that North Carolina's child welfare staff feel overwhelmed, find themselves unable to complete the work they are assigned, and struggle to manage a work-life balance. Nonetheless, with the notable exception of CPS Assessment, child welfare offices met caseload staffing standards in 2017; these standards (10 CPS assessments; 10 in-home families; 15 foster children) are largely in line with national standards. Researchers attribute burnout and turnover to the addition of multiple new requirements for activities and documentation for workers providing CPS

Assessment, CPS In-Home Services, and Foster Care. At the same time, nothing substantive has been taken away from workers' job expectations and caseload standards have not been adjusted.

Maintaining a stable, capable child welfare workforce is critical for accomplishing the State's goals of implementing a statewide practice model, standardizing business processes, and adopting a child welfare case management system. DHHS's current strategic plan includes the goal of completing a study by September 2021 to identify appropriate caseloads and workloads for administrators for each area of child welfare services. The study will examine caseloads, supervisory ratios, and the workloads of identified leaders and administrators including

- Foster Care and Adoption case managers;
- CPS Assessment and In-Home case managers;
- supervisors of Foster Care, Adoption, CPS Assessment, and CPS In-Home case managers; and
- identified leaders at the county and state levels.

Whereas new state staffing guidelines may make it easier for directors of county departments of social services to make the case for hiring additional child welfare workers, there are no existing mechanisms available to DHHS to compel counties to maintain child welfare staffing levels that meet these caseload standards. Adjusted caseload standards may reduce the amount of worker stress and subsequent turnover experienced by county offices. However, the State has yet to take action to improve wage disparities between similar workers in different counties.

In addition to staffing, county governments control other resources used by county social services offices. During site inspections, Program Evaluation Division staff observed that offices with more resources seemed to have an easier time using P4. One office was able to devote its entire continuous quality improvement team to coordinating and managing P4 rollout, staff training, and communication with the P4 help desk. Other counties could only devote part of a single staff position to these responsibilities. Whereas workers in some counties only have access to a single shared office-wide copier for scanning documents, workers in other county offices have scanners at their desks. As described by one individual working on P4,

"Part of the downside of the county admin model is that funding from each county comes from within that county. For example, one wealthy county, I think they like the system, like the child welfare part, asked when we can go statewide because they love electronically transferring cases across counties. But I know from the beginning when we did food stamps back in 2012, this county invested a lot of money in retraining, understanding how NC FAST was going to change job descriptions, hired additional people for data entry, retrained existing people. All of that costs money, and smaller counties that don't have money, they could not do that."

At present, a portion of the Assessment function of P4 can be performed via a mobile application called Diona. However, counties must first be able to invest in hardware, such as tablets, necessary for workers to use this application. This hardware requirement creates a troubling barrier for some counties because social workers in all counties would benefit from this technology, which allows some documentation to be performed in the field. In the future, it is likely that more segments of P4 such as in-home visits, foster care activities, and need assessments will have the capacity to be performed using mobile applications. However, some county offices may be shut out from using these time-saving innovations due to a lack of resources or an unwillingness to financially support this technology.

Finding 2. Lack of state policy leadership and insufficient training have also stymied development and implementation of NC FAST P4.

To summarize the finding below, child welfare experts did not participate in the development of non-P4 NC FAST project modules despite federal guidance. As a result, NC FAST's capacity to support the full and interconnected network of services provided to children and families is limited because each program is working independently, contrary to how the provision of social services actually occurs. Additionally, inadequate training practices led to counties being unprepared for successful implementation of NC FAST P4.

Social services provision is a complex process whereby the individuals and families served often interact with several touchpoints of a system (e.g., a family receiving financial assistance can also receive counseling for domestic violence issues). As a result, it is important that social services software systems are integrated and designed to support all aspects of service provision rather than only individual components. Additionally, software systems must align with state policies so the provision of services remains consistent and equitable for children and families. To increase the effectiveness of social services software systems, this alignment with policy should be accompanied by relevant and comprehensive training.

Although recommended by the federal government, Department of Health and Human Services (DHHS) child welfare policy staff did not participate in the development of earlier NC FAST project modules.

Creating an enterprise-level system encompassing all aspects of social services is a challenging and ambitious endeavor that few states have undertaken because the provision of each service is unique. For this reason, developers should keep all phases of system development in mind when designing early foundational elements of an enterprise-level system. Although federal partners recommend this practice, they do not enforce it. States are expected to ensure these considerations are made.

When North Carolina began developing NC FAST as its enterprise-level social services system in 2011, the U.S. Administration for Children and Families stressed the importance of consulting child welfare subject matter experts to ensure early design concepts for all modules would support future child welfare functions. Ignoring this federal guidance, DHHS did not direct child welfare staff to participate in the development process for

early NC FAST modules designed for benefit programs such as Medicaid and food and nutrition services.

Further, when the time came to develop the P4 child welfare module specifically, DHHS state policy staff did not provide active guidance on ways to align the system with state policy during Joint Applicant Design sessions. These meetings were designed to bring stakeholder groups together to determine a cohesive child welfare case management product. Instead, various county-level participants and their specific concerns largely drove these sessions, which was likely not the optimal outcome given that counties perform their child welfare duties in different ways.

During interviews with stakeholder groups, the Program Evaluation Division heard that additional initial direction from state policy staff could have mitigated the extent to which future system redesign was necessary:

“I think P4 has been limited by the lack of a state policy person with decision making authority being included from the very beginning of the process. Had DHHS been involved, they could have intervened to say this is how the State is going to do this for consistency’s sake among all 100 counties. This presence was not in the room in the initial stages which led to some counties making decisions for all counties; these counties drove the direction.”

County worker training was inadequate. Initial training was web-based and self-conducted with the goal of minimizing the level of interruption to a social worker’s daily routine. Counties determined which staff would undergo training and for which tasks. After the initial P4 piloting process concluded, Accenture, the contractor providing training, transitioned to a more immersive in-person process wherein individual trainers would work with staff of county departments of social services. However, the Program Evaluation Division found that difficulties in hiring individual trainers with subject matter knowledge on child welfare service provision limited the usefulness of trainers and contributed to counties feeling unprepared to begin using NC FAST P4. During site inspections with county departments, the Program Evaluation Division found that many staff preferred web-based training to the in-person training experience. Exhibit 7 captures several issues raised by county staff regarding in-person training.

Exhibit 7: County Social Services Staff Detail Issues with In-Person Training

General Issue with Training	Individual Staff Member Experience
Lack of trainer knowledge of child welfare services	“Honestly, I was appalled. Trainer seemed [as if] they had been handed a binder that morning and were reading from it. It floored me, and it was confusing for people.”
Infrequency of trainers being on-site to assist with issues	“First liaison was missing most of the time; communication was very bad.”
Poor communication between trainers and county staff	“All we had was our liaison that wasn’t policy trained. He was more technology trained to deal with the errors. [It] was hard for the workers to relate—we had different languages.”
Inadequate in-person scenarios for demonstrating how to use the NC FAST P4 module	“You don’t get to go through every scenario,” and “[The scenarios] were very minimal. It would be a family of two... so it didn’t touch all the functionality... it was almost like they selected a case and built the system for the case.”

Source: Program Evaluation Division based on interviews with workers at county departments of social services.

Job Aids for county workers are non-intuitive and may not be as helpful as needed. Accenture also created Job Aids for county workers. Job Aids are written instructions that describe the steps workers should take in P4 to complete specific tasks. There are more than 330 individual Job Aids for child welfare activities covering everything from adoption to process support. In general, these documents range from 2 to 12 pages in length although at least one, the CPS Intake Process, is 24 pages. Accenture designed and produced these Job Aids as a support tool for county workers who use NC FAST P4. Although many workers believe Job Aids are helpful, other workers expressed concerns about their usability. As one worker put it, “Job Aids are helpful; however, they are difficult to follow due to the Job Aid requiring you to view 2-3 other Job Aids to complete one function. The system should be intuitive enough to not need that many Job Aids to complete a function.” Several of the counties inspected during this evaluation had created their own versions of Job Aids for staff that were more concise and intuitive than those provided by Accenture. In addition, due to frequent changes to NC FAST software, Job Aids often must be changed as well. As one respondent stated, “We have told people not to print them (Job Aids) because they change so frequently.”

Finding 3. NC FAST’s oversight structure contributed to P4 development and implementation challenges.

To summarize the finding below, the Department of Information Technology (DIT) maintains a general oversight structure for information technology (IT) projects, but the Department of Health and Human Services (DHHS) manages most major decision points, day-to-day operations, and oversight for NC FAST. Since 2017, the third-party vendor Maximus has provided monthly assessments of NC FAST projects including P4 that have highlighted moderate to serious risks. Maximus sends these findings to state and

federal DHHS authorities, but because it lacks oversight authority, Maximus can only recommend potential risk avoidance measures, some of which NC FAST leadership have failed to heed, likely exacerbating P4 challenges. Based on their age, the federal government required DHHS to rebid some NC FAST P4 contracts in 2020.

The federal Department of Health and Human Services relies on state counterparts to manage projects in accordance with state IT rules.

Session Law 2004-129 established the State Chief Information Officer (CIO), the Head of the Department of Information Technology, as the final approval for all IT projects in North Carolina. According to statute, the CIO

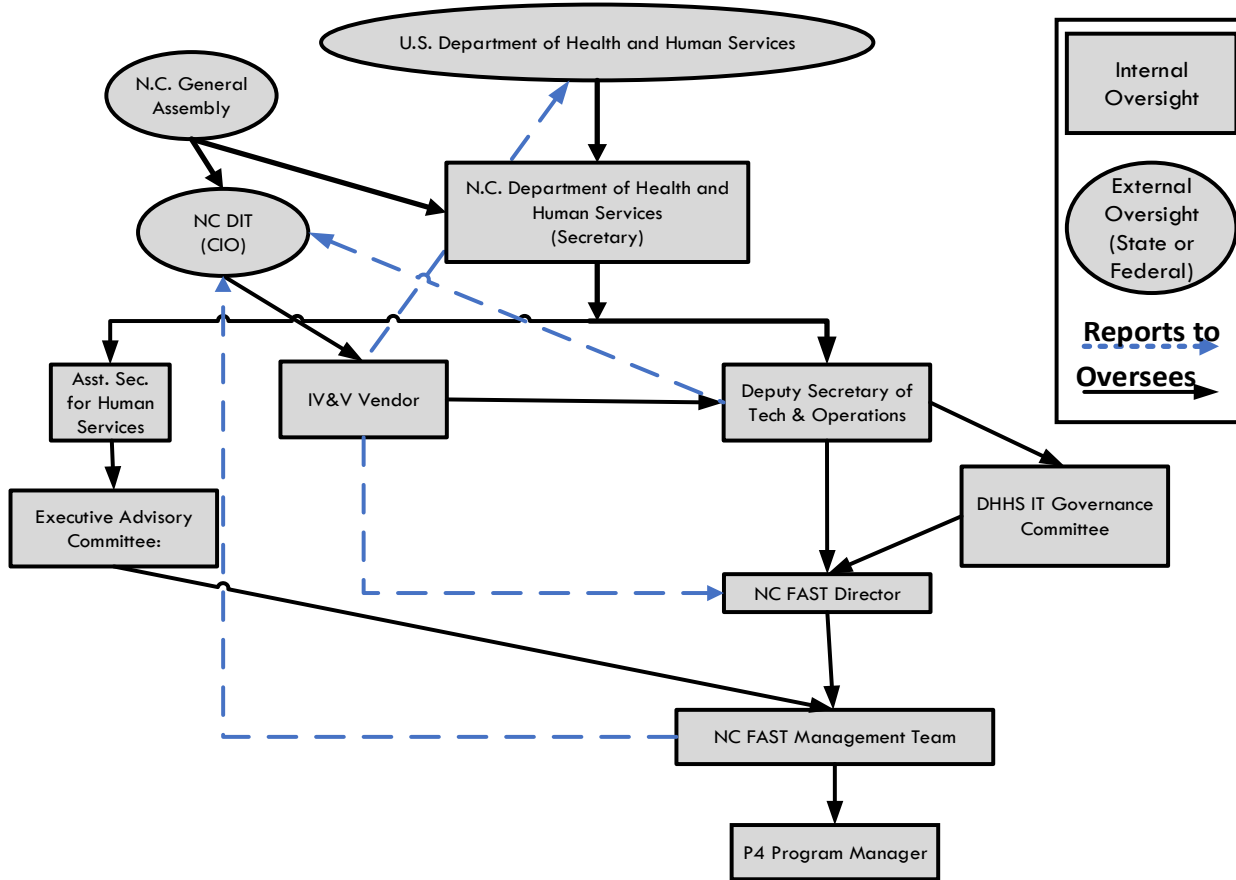
- shall be responsible for ensuring that participating agency information technology projects are completed on time, within budget, and meet all defined business requirements upon completion;⁴
- shall ensure that separate agency projects follow the department's established process and shall monitor schedule, budget, and adherence to business requirements; and
- may suspend the approval of, or cancel, any information technology project that does not continue to meet applicable quality assurance standards.

DHHS is a separate agency and performs most NC FAST P4

management and oversight internally. As defined in statute, a separate agency is one that has maintained responsibility for its IT personnel, operations, projects, assets, and funding. In January 2012, the Office of NC FAST was established to manage the NC FAST program, reporting to the DHHS CIO. An Executive Advisory Committee was created to provide overall strategic direction for NC FAST with reviews of program progress, staffing, and expenditures, as well as development of program benefits assistance, issue resolution, and risk mitigation. The Executive Advisory Committee is co-chaired by the CIO and DHHS Deputy Secretary and made up of stakeholder division directors, leadership from other stakeholder agencies, and representative directors of county departments of social services. NC FAST receives “as needed” assistance with processes and procedures from the Office of Internal Audit along with other county and state resources (e.g., the Enterprise Project Management Office and DHHS Project Management office) and employs Maximus, a third-party Independent Verification and Validation (IV&V) vendor, to perform periodic quality reviews. Exhibit 8 depicts NC FAST’s oversight and reporting structure.

⁴ State agencies are either participating agencies or separate agencies. A participating agency is one that has transferred its information technology personnel, operations, projects, assets, and funding to DIT. For these agencies, the State CIO shall be responsible for providing all required IT support. A separate agency is one that has maintained responsibility for its IT personnel, operations, projects, assets, and funding. Agency heads of separate agencies shall work with the State CIO to ensure they have all required IT support. All agencies designated by statute to consolidate IT functions have done so except DHHS and the Department of Commerce.

Exhibit 8: NC FAST Oversight and Reporting Structure



Source: Program Evaluation Division based on the 2019 NC FAST Advanced Planning Document Update.

DIT provides general IT oversight for state projects but has limited involvement in NC FAST. Although DIT has established an enterprise project management office to oversee state IT projects, review and approval of P4 and other NC FAST IT requests is handled internally by the DHHS governance committee. DIT has historically offered resources to support the technical requirements of P4 but has not provided direct oversight or functionality/usability testing. DIT’s role with P4 has primarily involved tracking project costs, helping with core financials, and supporting development of some P4 system architecture. DIT representatives report the department also is available to provide vendor support.

Maximus has provided assessments of NC FAST with increasing frequency since 2012. Independent Verification and Validation (IV&V) assessments are performed on federally funded projects to support state and federal stakeholders by providing an independent evaluation of project activities. DHHS contracted with Maximus in 2012 to provide IV&V assessments every six months. In response to ongoing concerns with overall NC FAST implementation, the U.S. Centers for Medicare and Medicaid Services (CMS) required monthly reporting and regular IV&V onsite presence for NC FAST beginning in 2016. These monthly reports include assessments of major NC FAST deliverables and processes with three primary goals:

1. identify areas of risk to the system and schedule,
2. recommend risk mitigation options and best practices, and
3. identify deviations from plans or execution of those plans that jeopardize the NC FAST program.

Specific P4 risks identified by Maximus include unusually high rates of change requests, enhancements, and defects, deviation from established design practices, and insufficient project staffing and funding. Since 2017 when monthly IV&V assessments began, Maximus has deemed overall NC FAST risk level as “medium” or “medium/high” for each month. Although assessments do not rate the risk level of individual project modules, several individual risk factors Maximus identified were P4-specific. Maximus reported the following P4-related concerns in one or more monthly IV&V reports:

- **Unusually high rates of change requests, enhancements, and defects.** The July 2018 Maximus report attributed delay of P4 rollout to six additional pilot counties to an excessive number of change requests, defects, and enhancements. The July 2019 report reiterated these concerns about the number of high-severity defects. An abundance of change requests indicates problems during the business requirement gathering and design phases of development.
- **Inadequate software testing.** During System Integration Testing for the release of version (8.0.0) in December 2017, only 83% of P4 new functionality scripts passed; for comparison, 97% of other NC FAST scripts passed. A test script is considered to have “passed” if it runs to completion and does not reveal a critical or high-severity defect. Sixteen P4 scripts were blocked, meaning code for these functionalities was promoted without being fully tested and scripts did not perform in accordance with user expectations.
- **Deviation from established design and development practices.** Maximus reported aspects of P4 development often began before development teams gained formal approval. In May 2017, NC FAST team representatives reported that the approval process duration was “often longer than expected,” prompting premature development without approval.
- **Project scope and budget restraints.** Maximus observed continual increases in NC FAST project scope but no corresponding increase in funding. In light of these scope and funding issues, a December 2018 IV&V Maximus report notes ongoing concerns with whether the project can provide necessary functionality to all North Carolina counties.
- **Poor coding quality.** Maximus repeatedly contended that coding quality was a likely cause of high numbers of defects and change requests. Maximus’s ability to assess coding quality for P4 and other NC FAST projects was limited because “NC FAST does not capture or track defect root causes...so there is little actionable data regarding coding defects.” However, an initial Maximus review of P3, P4, and P9 defect samples in August 2018 revealed that nearly two-thirds of sample defects were classified as coding

errors and that 70% of open NC FAST defects were due to coding errors from P1-P6.

- **Insufficient project staffing resources.** NC FAST staffing issues were reiterated across multiple monthly reports and highlighted as problematic in the 2019 root cause analysis. In the May 2017 IV&V assessment, Maximus noted that “activity for all projects may be at risk” without proper staffing resources due to the following concerns:
 - use of contractors to fill immediate staffing needs is likely to have long-term budget effects;
 - stretched staffing resources and an overworked staff may lead to issues with scheduling, quality, and turnover; and
 - use of temporary staff risks challenges in both recruitment and retention of qualified staff and may incur greater long-term costs as a result.

In the 2019 root cause analysis, Maximus also found evidence suggesting that key teams and/or roles are understaffed and are unable to balance responsibilities across competing priorities, especially for teams/roles assigned to design and requirements review and approval responsibilities. The following staffing issues were cited as the chief areas of concern:

- **Business team staffing.** Workload volumes challenge the team’s ability to provide the detailed review and analysis required to identify functional issues.
- **Helpdesk staffing.** Staff report being overloaded without time to appropriately research incoming issues, leading to mistakes.
- **Quality assurance staffing.** Current staffing levels limit analysis capacity and meaningful quality improvement.
- **Operations and maintenance staffing.** Staffing levels are not sufficient to reduce overall defect backlogs.⁵

The NC FAST team was not always responsive to Maximus’s recommendations, and DIT did not require action. Although the team responded to some Maximus recommendations with plans and remedial actions, these responses were not always timely, nor did the team consistently comply with all suggestions. For example, in 2017, Maximus reported that P4 design documents were targeted primarily for developers, which could make it difficult for business matter experts to review and approve. Despite this feedback, the development team declined to revise the P4 design documents. Various other risk factors reported regularly by Maximus were not satisfactorily resolved despite stated NC FAST team efforts. One such example involves a general lack of business matter experts. Maximus reported this issue early and often, but according to IV&V representatives and NC FAST leadership, acquiring qualified business matter experts was a logistical challenge given the specific expertise required.

Although DIT was aware of Maximus’s findings, it did not attempt to compel DHHS to adopt the contractor’s recommendations nor did it

⁵ Maximus noted that the overall defect throughput by operations and maintenance teams is relatively high compared to similar projects in other states.

increase project oversight. DIT reported reaching out to DHHS offering to provide additional implementation support for P4 following the North Carolina Association of County Directors of Social Services's letter of concern to the General Assembly in 2018. DIT maintains the statutory authority to compel departmental action but deemed such action unnecessary in this instance because DHHS was reportedly "very receptive" to DIT input for P4. Thus, although DIT offered assistance, it does not appear DIT pursued intervention when P4 challenges became apparent.

Citing P4 challenges, the U.S. DHHS's Administration on Children and Families (ACF) demanded DHHS rebid for integrator and IV&V contracts before approving further federal funding. Federal entities repeatedly expressed concern about P4 but continued to approve funding, vendor contract amendments, and extensions for the project. In December 2019, ACF sent DHHS a letter expressing apprehension about the General Assembly's enactment of Session Law 2019-240, extended project delays, and initiatives to replace or redesign completed software components. ACF also was concerned that the IBM/Cúram and Maximus contracts had been extended through non-competitive processes on multiple occasions. ACF claimed these extensions increased the scope of contracted services and inflated NC FAST costs. Facing the threat of losing federal funding for P4, DHHS agreed to rebid these contracts in January 2020 and currently is pursuing the rebidding process.

Finding 4. NC FAST P4 is functional and meets most of the State's goals for an enterprise child welfare case management system with the exception of management reporting and data entry.

To summarize the finding below, NC FAST P4's functionality is mostly adequate. Approximately 86% of all business system functions have been deployed. Workers who use the Intake and Assessment section of the software, which has received extensive revision, rate the software higher than workers who use other sections. However, functionality is lacking in terms of management reporting and achieving data entry goals. Dashboards and data extraction tools designed to assist county social services managers with resource allocation often go unused. In addition, pilot county workers are concerned about the amount of time needed to enter information into the system.

NC FAST is functional. The effectiveness of a software system is often measured by its functionality, or its ability to perform necessary tasks in order to achieve system goals. A system's ability to perform what is needed begins before software development with the identification of business requirements, which capture all the necessary functions an entity (in this case, a child welfare services agency) must perform. The specific mechanisms the system uses to complete each of these tasks are known as business system functions (BSFs). Each BSF mimics the way a social worker conducts one or more job duties. NC FAST P4 has 4,633 distinct BSFs, and as of February 2020, 86% of identified BSFs have been delivered. Exhibit 9 details the BSF delivery rate for each portion of the NC FAST P4 module.

Exhibit 9: Delivery Rate of NC FAST P4 Module Business System Functions Is 86%

P4 Module Section	Delivered	Undelivered	Total	Percentage Delivered	Deferred, Duplicate, or Obsolete
Eligibility	3	0	3	100%	75
Federal Reporting	24	0	24	100%	28
Indian Child Welfare Act	13	0	13	100%	39
Intake	82	0	82	100%	51
Investigation (Assessment)	188	0	188	100%	116
Legal	231	0	231	100%	279
Mobile Investigations	58	0	58	100%	23
National Electronic Interstates Compact Interface	20	0	20	100%	0
Ongoing Case Management	325	0	325	100%	70
Security	33	0	33	100%	5
Quality Assurance	4	0	4	100%	80
Other	43	0	43	100%	21
Person	60	1	61	98%	73
Reporting	29	1	30	97%	13
Licensure	235	9	244	96%	338
Process Support	142	6	148	96%	146
Interstate Compact on the Placement of Children	80	8	88	91%	103
Management Reporting	38	4	42	90%	128
Title IV-E	40	5	45	89%	14
Provider Management	116	28	144	81%	115
Guardianship Assistance Program	38	12	50	76%	1
Financial	99	62	161	61%	114
Adoption	248	213	461	54%	237
Day sheets	0	0	0	0%	64
Interfaces	0	0	0	0%	1
Performance Improvement Plan	0	0	0	0%	1
Total	2,149	349	2,498	86%	2,135

Note: Each P4 Module Section represents a separate portion of the child welfare case management system. Delivered – the requirement has been developed and delivered. Undelivered – the requirement is still in process and has not yet been delivered. Deferred – the requirement is relevant but deferred from the scope of the current P4 project. Duplicate – the requirement is a duplicate of another business system function. Obsolete – the requirement is no longer relevant and was not developed.

Source: Program Evaluation Division based on information from the Department of Health and Human Services.

Satisfaction with the functionality of the NC FAST P4 module is highest for Intake and Assessment, but further improvements can be made.

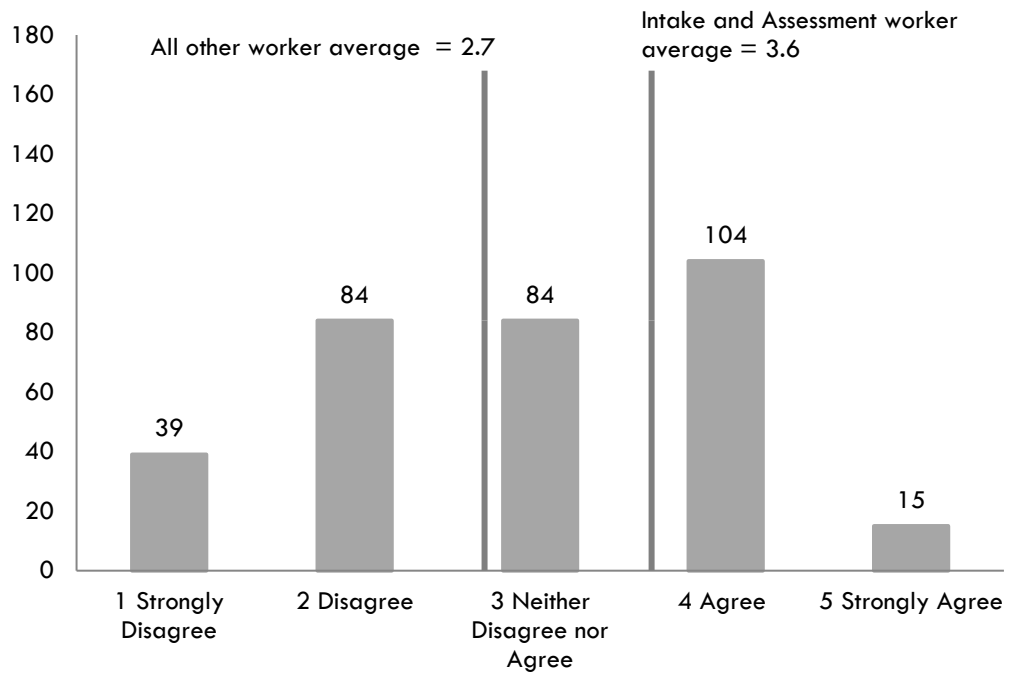
Based on feedback received from county department of social services staff, DHHS prioritized addressing the child welfare Intake and Assessment process.⁶ When asked whether “NC FAST P4 can perform all of the case management tasks necessary for my job,” workers whose primary job

⁶ DHHS hosted a multi-day working session with counties piloting the Intake and Assessment process in May 2018. Subsequently, the Division of Social Services assigned subject matter experts to work full-time with the State’s designated NC FAST team on redesigning the Intake and Assessment portion of the NC FAST P4 module.

function was Intake and Assessment rated the software better than workers overall (average score of 3.6 versus 2.7).⁷ This comparison is presented in Exhibit 10.

Exhibit 10

Intake and Assessment Workers Rate NC FAST P4 Better than Other Workers



“NC FAST P4 can perform all of the case management tasks necessary for my job.”

Source: Program Evaluation Division based on survey of pilot county workers.

Nonetheless, further improvements can be made to increase the functionality of P4 Intake and Assessment processes, such as shortening the structured intake tool, improving the software’s ability to provide guidance assisting social workers with making decisions on casework per state policy, and ensuring compliance with guidelines outlined by the National Children’s Research Center.^{8,9} Lists of existing NC FAST P4 defects, examples of enhancements, and county suggestions for additional improvements can be found in Appendix B.

In addition to its high BSF delivery rate, the P4 module meets some of the overarching objectives of the NC FAST system. The overall goal of the NC FAST system is to enhance the ability of county departments of social services to meet a wide range of objectives including

- automating the collection and maintenance of
 - client demographic information including client relationships;
 - interactions with clients;
 - service plans; and
 - data for case decision making and planning after a thorough assessment;

⁷ This result was statistically significant at the 1% level.

⁸ The Children’s Research Center (CRC) was established in 1993 as part of the National Council on Crime and Delinquency, which is a nonprofit social research organization that works to help protect children from abuse and neglect.

⁹ Program Evaluation Division. (2019, November). Child Protective Services intake screening lacks consistency. Report to the Joint Legislative Program Evaluation Oversight Committee. Raleigh, NC: General Assembly.

- automating the collection and evaluation of client abilities, skills, and unmet needs;
- real-time sharing of client and case information across program and county lines;
- decreasing cycle time for determination of eligibility;
- providing progress measurement and metrics reporting for management forecasting and planning of services and resources;
- providing federally-mandated and state-mandated reports; and
- reducing manual and dual data entry.

The P4 module meets many of these objectives. For example, the NC FAST P4 system enables counties to perform real-time sharing of child welfare case information across county boundaries.

Additionally, an electronic case management system for child welfare has enhanced the State's capacity to have abundant and accurate data for collection and maintenance. An example of this benefit involves data associated with necessary reconciliations for foster care payments. Prior to development of the P4 module, counties were not mandated to have a system to reconcile their financial records for foster care payments with state financial records, making required auditing efforts difficult for the State. However, with NC FAST P4, counties using the system have been forced to remove identified errors and discrepancies, often requiring them to develop standardized business processes. This reconciliation represents a necessary step towards a statewide child welfare case management system that can be used effectively for reporting purposes.

Despite the adequacy of P4 functionality, the module does not meet management reporting and data entry goals for the State. Although reporting in the NC FAST P4 module seems adequate for federal purposes, dashboards and data extraction tools designed to assist county social services managers with resource allocation are lacking. The Program Evaluation Division found that NC FAST P4 dashboards and reports regularly went unused by directors of county social services departments. Reasons for not using these information tools included a lack of certainty that the reported data reflected actual county performance, inconsistency in reporting metrics when compared to standard county processes (e.g., methodology for calculating timely visitations), and confusing presentation of reported information. The Program Evaluation Division requested from county departments of social services descriptive reports that would be more useful in the performance of everyday duties and received the following submissions:

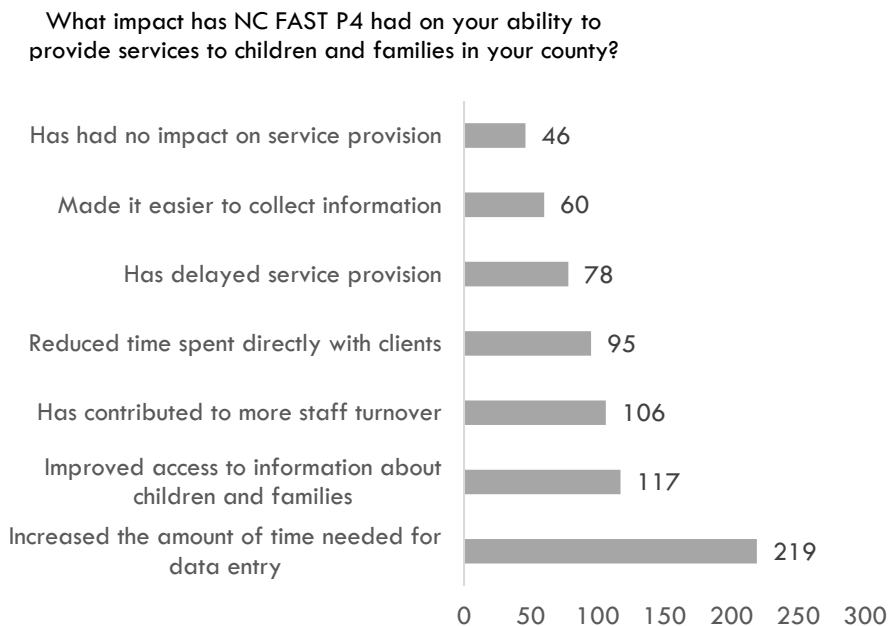
- children-specific reports including data on demographics, placements, and number in care;
- services-specific reports including data on percentage of clients with specific services or sustained factors such as substance abuse, domestic violence, supervision, or mental health issues;
- number of placements by child in care;
- timely versus untimely initiations by person; and
- maltreatment-specific reports including data on instances of repeated maltreatment.

To improve reporting and dashboards, DHHS has created a Business Information and Analytics Office to focus on Human Services programs and a DHHS-wide Data Office to help establish standards of excellence across the department.

Many counties reported needing more time to enter information using the NC FAST P4 module compared to previous work processes. When asked, “What impact has NC FAST P4 had on your ability to provide services to children and families in your county,” two-thirds of the 326 respondents indicated it increased the amount of time needed to input information on child welfare cases. Full responses to this question are depicted in Exhibit 11.

Exhibit 11

Workers Perceive NC FAST P4 Has Increased Time Needed for Data Entry



Source: Program Evaluation Division based on pilot county worker survey.

Activities requiring more time than paper processes include creation of family service agreements, contact logs, monthly permanency planning records, and inter-state foster care and placement reports. During site inspections to pilot counties, Program Evaluation Division staff observed county workers using shortcuts such as “see narrative” to advance through screens. In another example, an Intake worker in one county used a period to advance through a field that asks workers to record why they chose to screen out a report of child maltreatment. Such activity may indicate workers are attempting to speed up the data entry process but not recording all information or not recording it in the correct place.

To some extent, degree of concern regarding data entry varied by county and can be partly attributed to the form of case management system being used by a county prior to its involvement with NC FAST P4. For example, workers in counties accustomed to using paper documents would need to perform additional data entry steps that could take substantial time, such as typing field notes into a P4 case narrative window that had originally been written by hand.

Permanent and accessible electronic records are valuable. Electronic client records should improve productivity. Although initial data entry may be especially time-consuming, use of the NC FAST P4 module could produce time savings for county departments of social services when the information is needed for future interactions such as renewing a foster care license for a family with whom the agency has interacted in the past. Repeated interactions with the same family units are a common feature of social work. Additionally, the possession of a permanent and accessible electronic record is valuable in sharing information with local, state, and federal partners in order to provide services to families or conduct data audits for quality assurance purposes.

Finding 5. NC FAST P4 usability is unacceptably low, making it difficult for workers to complete tasks.

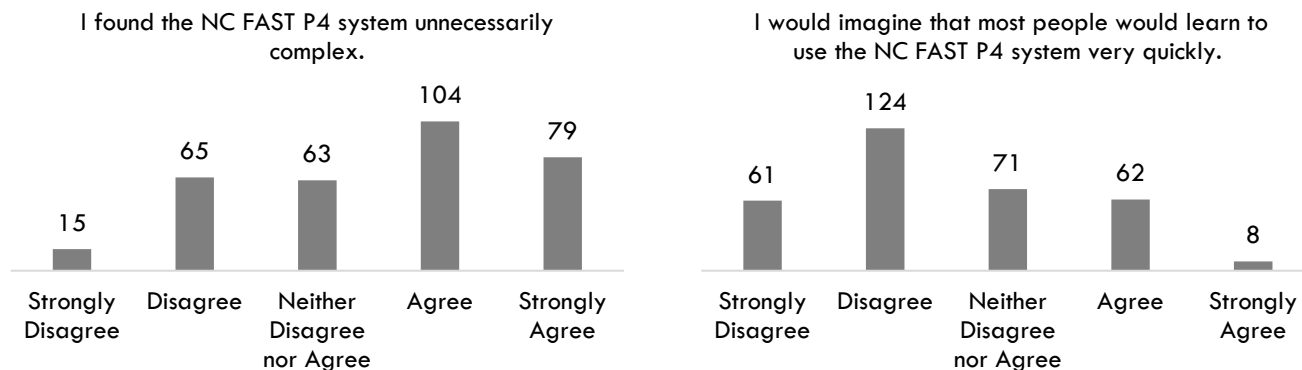
To summarize the finding below, NC FAST P4 has a low usability score on the System Usability Scale. NC FAST P4 usability, and therefore learnability, is objectively lower than most software products. Workarounds and calling the help desk for assistance take time away from essential tasks and lower worker productivity.

Highly usable computer systems allow users to complete tasks efficiently and without frustration. A software system, or at least the user interface, should be easy to learn to use and easy to remember how to use. Users who have been trained should not have to frequently consult a manual when they interact with it. For end users, software systems should embody three different facets of usability.

- **Effectiveness**—a determination of whether users can complete their tasks and achieve their goals.
- **Efficiency**—the extent to which users expend resources in achieving their goals.
- **Satisfaction**—the level of comfort users experience in achieving those goals.

The Program Evaluation Division measured P4's usability with the System Usability Scale. The System Usability Scale (SUS) provides a reliable and expedient tool for measuring product usability. It consists of a 10-item questionnaire with five response options for respondents, from strongly agree to strongly disagree. Originally created by John Brooke, an information technology architect, it allows researchers to evaluate a wide variety of products and services, including hardware, software, mobile devices, websites, and applications. Whereas SUS was only intended to measure perceived ease-of-use (a single dimension), recent research shows that it can provide a global measure of system satisfaction and sub-scales of usability and learnability. Examples of SUS questions the Program Evaluation Division posed to workers at county departments of social services piloting P4 are presented in Exhibit 12, along with the distribution of their responses. All 10 SUS questions and score distributions are provided in Appendix C.

Exhibit 12: Examples of System Usability Score Questions and Response Distributions

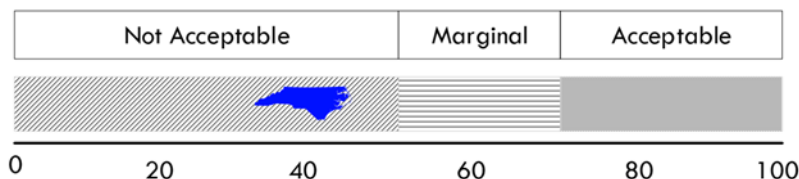


Source: Program Evaluation Division based on survey data from pilot counties.

P4’s usability score of 40 is in the bottom 15% of system scores. Based on a review of 500 studies, the average SUS score is 68. Any score above a 68 is considered above average and anything below 68 is considered below average. Scores below 51 are in the lowest 15% of SUS scores. Exhibit 13 depicts acceptability ranges of SUS scores, indicating NC FAST P4 usability, and therefore learnability, is objectively lower than most software products. North Carolina’s system is not the only child welfare case management system that struggles with usability. In 2019, Oregon evaluated its child welfare software system and it scored 45.

Exhibit 13

At 40, North Carolina’s System Usability Scale Score is Not Acceptable



Source: Program Evaluation Division based on Aaron Bangor , Philip T. Kortum & James T. Miller (2008). “An Empirical Evaluation of the System Usability Scale”, Intl. Journal of Human–Computer Interaction, 24:6, 574-594.

Seemingly minor issues negatively affect worker productivity. During site inspections, Program Evaluation Division staff repeatedly observed issues with NC FAST P4 that reduce worker productivity. Although new software updates are being released monthly to mitigate usability concerns, issues presented in this section are indicative of the types of difficulties workers currently experience when using P4.

- Word processing and formatting.** Some sections of P4, such as the case notes area, lack spellcheck, autosave, and suggested grammar functions that one would find with most word processing software. Cutting and pasting text from Microsoft Word into P4 is a common practice among social workers, but it is challenging because there are problems with special characters (e.g. #, =, %, *). As one user noted, “The system doesn’t like special characters/formatting sometimes and we have had trouble with documents printing if a special character is listed.” P4 also removes formatting when printing in the case notes section, making the notes difficult to read.

There also are character limits in certain locations such as the foster care licensing narrative. At times, workers run out of space before they finish writing a case narrative and therefore must go back and rework the narrative.

- **Loss of dictation or attachments.** Users report instances in which P4 has lost dictation and attachments that had been uploaded to the case record. There are timers for entering information and if a worker exceeds 30 minutes and has not finished typing, the information may be lost.¹⁰ Lost documentation can be detrimental to the families concerned and can lead to worker frustration.
- **Printing documents and forms.** Workers have trouble viewing how documents will look when printed, as the printed version may be formatted differently from the version on the screen. Additionally, the printing process is cumbersome. According to one respondent, “In many places within NC FAST P4, information that will need to be presented to clients is keyed into the system in places that don’t show the user how that information will look when it is presented to a family. This makes it difficult for workers to plan how to draft the final documents. This is especially relevant to family services agreements.”
- **Navigation and prompts.** Navigation in P4 is often described by social workers as being “clicky,” requiring many steps to get to the final product. It takes 13 clicks to print a form through the Pro Forma process and the location to create forms is not consistent across P4. Workers also do not have consistent prompts to show which fields require data. According to one respondent, “There are places where asterisks show a mandatory field; however, it is not consistent across all fields. There are times when a worker completes all fields where there is an asterisk and then receives an error message and has to go back to fill in a mandatory field that is not marked.”

Workarounds and calling the help desk for assistance take time away from other essential tasks. When something is not working correctly in P4, end users either find temporary “workarounds” to accomplish tasks or contact the help desk for assistance. For example, during site inspections, the Program Evaluation Division observed workers were unable to print case logs. Consequently, workers developed a workaround by creating a zip file for the entire case and then opening this file and printing the pages they needed. When workers encounter “unhandled server errors,” they are often unable to pinpoint the error and cannot progress with specific tasks until they receive assistance from the help desk. Specific workarounds and issues that require help desk assistance can be found in Appendix B. These workarounds are constantly changing and have a negative effect on worker productivity.

¹⁰ DHHS reports that Autosave is now provided in P4, but it had not yet been deployed when the Program Evaluation Division conducted site inspections.

Finding 6. Issues surrounding appropriations have delayed improvements to functionality; indecision about NC FAST P4 will increase overall project costs and may subject the State to federal penalties.

To summarize the finding below, issues surrounding appropriations limit capacity for NC FAST P4 improvements and delays further deployment. P4 delays ultimately may result in a better user interface, but the State's indecision will increase overall project costs. Furthermore, the federal government may penalize North Carolina for P4 modification or replacement. Nonetheless, these additional costs still could be worthwhile if DHHS identifies an intuitive and highly functional solution for child welfare case management.

Limited state resources prevent P4 improvements, further hindering statewide operability and effectiveness. Issues surrounding appropriations in State Fiscal Year 2019–20 have halted most work on P4. The majority of NC FAST-related contracted work has been eliminated and most vacant NC FAST state positions have been subjected to a hiring freeze. Limited staff leads to lengthier response times from the help desk and from training, readiness, and development teams, in addition to reducing the number of forthcoming P4 updates. In what is described as “keeping-the-lights-on-mode,” the small remaining NC FAST team continues to support P4 Intake and Assessment for those counties currently using that functionality and for the 11 pilot counties that use the entire P4 system. Even for these counties, however, system improvements are limited to defect resolution with no change requests available.

Deployment of some essential child welfare case management functionality is delayed indefinitely. The following major changes were scheduled for Fiscal Year 2019–20:

- extended access during release weekends,¹¹
- family search and match enhancements,
- wider deployment of the mobile assessment application, and
- adoption functionalities.

According to DHHS, these changes have been delayed indefinitely due to budget constraints. Counties report these functions are essential to their efforts to decrease risks to children and families. For example, without extended P4 access on release weekends, workers are not able to enter case data into P4 during one weekend out of each month.

As a result of these delays affecting both day-to-day assistance and future system improvement, some pilot counties are already exploring P4 alternatives including paper-based systems. At least one pilot county has already returned to using paper forms, while several other counties are preparing to invest county funds to supplement their legacy systems with software that only supports limited aspects of child welfare case management.

¹¹ Release weekends are when new updates to NC FAST are added. Workers may view documents at these times but are not able to enter data.

Further delays to P4 implementation may lead to a better user interface but will increase overall project costs. To revamp P4, the State must first rehire and potentially retrain lost staff, which may cost an estimated \$2.1 million in state funds. If additional software is needed to improve P4 case management, the State also will face software purchasing costs. Regardless of whether the State adds additional software, it will encounter costs associated with further development of P4 and deployment to counties, though P4 functionality and usability have improved significantly since the first rollout, which could help reduce future rollout costs. A highly intuitive child welfare case management user interface would help decrease rollout costs if it requires less investment in integration processes such as training.

Comprehensive Child Welfare Information System (CCWIS) compliance will affect North Carolina's potential penalty and future reimbursement rate. CCWIS is an optional set of standards that states may choose to follow in the development of their child welfare case management systems. Pending a state's ability to meet CCWIS requirements, it is eligible for more favorable cost reimbursements. CCWIS requirements are intended to ensure child welfare case management systems support a social worker's need to organize and record case information about children and families. For instance, one requirement involves data exchanges for collecting data from external stakeholders such as school systems and courts and sharing case information with these entities. Other requirements include automating foster care eligibility determinations, generating required federal reports, and establishing data quality standards. As of February 2020, 45 states have declared they will attempt to build CCWIS-compliant systems. North Carolina intends for NC FAST P4 to be CCWIS-compliant and received the CCWIS reimbursement rate for NC FAST P4 development.

P4 modification or discontinuation may affect federal funding.

Due to the State's choice to initially pursue CCWIS compliance with P4 and the later legislative decision to delay P4 implementation, stakeholders are concerned that DHHS may:

- be required to pay a penalty for some or all federal funds invested in P4 to date;
- receive the lower, non-CCWIS compliant federal reimbursement rate for P4 project costs incurred during Fiscal Year 2019–20; and
- receive less federal funding moving forward for child welfare case management system development.

These are legitimate concerns, as federal legislation gives ACF the right to seek "disallowance" (e.g. re-compensation or payback) for all Title IV-E expenditures to date.¹² Furthermore, federally mandated Program Improvement Plan (PIP) goals explicitly identify NC FAST as the solution to the lack of available, reliable child welfare data. Unless the PIP is updated promptly, DHHS could be required to pay a \$750,000 penalty for using an NC FAST alternative. North Carolina has been faced with federal penalties for noncompliance in the past. Representatives from U.S. DHHS report two incidents during the last 30 years in which North Carolina's DHHS incurred federal funding penalties. The most recent example

¹² Federal Advance Planning Documentation Title 45 Subtitle A Part 95 Subpart F §§ 95.635.

occurred in 2001 when DHHS was required to pay back more than \$4.5 million in federal funds after failing to comply with federal Statewide Automated Child Welfare Information System standards.

Estimates of federal penalties remain unclear. In a March 2019 email to DHHS, the federal Administration for Children and Families (ACF) confirmed the possibility that North Carolina would be required to pay back federal funds. ACF suggested this payback may occur regardless of whether the P4 replacement was CCWIS-compliant. In a December 2019 letter, federal partners made it clear they would not reimburse Fiscal Year 2019–20 P4 project costs at the more favorable CCWIS rate unless the State committed to CCWIS compliance using P4. As shown in Exhibit 14, the difference between the favorable and unfavorable reimbursement rates is substantial.

Exhibit 14: Federal Reimbursement Rate Example for State Child Welfare Systems

System Costs	Non-CCWIS Compliant	CCWIS Compliant
Total system costs	\$10 million	\$10 million
Apply 30% IV-E Rate	~\$3 million	NA
Apply 50% FFP Rate	\$1.5 million	\$5 million
Total Federal Reimbursement	\$1.5 million	\$5 million

Notes: CCWIS stands for Comprehensive Child Welfare Information System. FFP stands for Federal Financial Participation. For “Apply 30% IV-E Rate,” CCWIS cost allocation includes all benefiting child welfare cases, whereas non-CCWIS includes only cases eligible for Title IV-E reimbursement. “Apply 50% FFP Rate” indicates 50% of 30% of total system costs, e.g. 50% of \$3 million=\$1.5 million.

Source: Program Evaluation Division based on U.S. DHHS’s 2019 CCWIS Overview.

These communications did not reference payback of previous federal P4 investments and contained no specific penalty amounts. Furthermore, when the State inquired about federal funding if North Carolina continued with P4 implementation for some functions but discontinued P4 for ongoing case management, the federal DHHS’s response did not include information about paybacks. DHHS also inquired about federal penalties if rollout of P4 functionality was paused after April. U.S. DHHS’s response suggested federal paybacks may be required but was vague and gave no estimates:

“Please be advised, federal funds disallowance is based on the state’s expenditures for the IV-E/IV-B system to date, not our [U.S. DHHS’s] title IV-E/IV-B authorizations.

Consequently, the state should seriously consider the impacts of payback vs. moving forward with further development [of P4] in 2019.” [emphasis added]

The State’s strategy moving forward will determine federal penalties. In their correspondence with DHHS, federal partners did not provide estimates of federal penalties but did suggest at least two strategic variables that may influence federal funding—whether or not the State pursues CCWIS compliance and whether the State proceeds with P4, another software, or some hybrid. A summary of how these variables might influence federal penalties is summarized in Exhibit 15.

Exhibit 15: Federal Payback Alternatives

Alternative	Payback required?	Favorable Federal CCWIS Reimbursement for 2019?
Proceed with P4 as CCWIS-compliant system	No	Yes
Proceed with P4 without CCWIS compliance	Unclear	No
Replace P4 with different CCWIS-compliant system	Possible, amount unspecified	Unclear
Replace P4 with non-CCWIS-compliant software	Possible, amount unspecified	No
Layer other software on top of P4 and maintain CCWIS compliance	Unclear	Possible, if new software is not duplicative of any existing P4 functionality
Layer other software on top of P4 and discontinue CCWIS compliance	Possible, amount unspecified	No

Notes: CCWIS stands for Comprehensive Child Welfare Information System.

Source: Program Evaluation Division based on 2019 correspondence between NC DHHS and U.S. DHHS.

DHHS has yet to deliver a strategy for moving forward with child welfare case management. The request for information released in March 2020 indicates a preference for CCWIS compliance using a P4 supplement or alternative, but a formal decision has not yet been made.

Recommendations

Recommendation 1. The General Assembly should direct DHHS to collaborate with a qualified organization to implement a statewide practice model and standardize child welfare business processes.

As described in Finding 1, the State lacks a child welfare practice model and standardized child welfare business practices. This lack of commonality among counties contributes to variation in the delivery of child welfare services. DHHS should contract with a reputable and experienced organization that assists states in enhancing child welfare capacity to design and pilot a training model for county departments of social services. This training should operationalize the principles of the practice model and promote standardization of business processes. In addition, the training program should be designed so that it may be replicated by trainers in additional counties. DHHS should implement this recommendation by June 30, 2021.

Recommendation 2. The General Assembly should direct DHHS to require any future training contractor to conduct culture change readiness training.

As described in Finding 2, several factors hindered successful implementation of the NC FAST P4 module, including training provided to counties that workers viewed as possessing limited usefulness. Resource disparities between counties have also negatively affected the State's ability to consistently implement NC FAST P4. In order to promote effective and widespread use of P4, the General Assembly should direct DHHS to require the next NC FAST P4 training contractor to conduct culture change readiness training. Requiring the use of culture change readiness training is beneficial to both the State and counties because such training will enable counties to identify ways to efficiently use existing resources as they implement the NC FAST P4 module. Culture change readiness training can also assist counties in determining what, if any, additional resources may be required for successful implementation, such as technology (e.g., tablets) and staff (e.g., full-time equivalents). Resource assessments can be accompanied by the creation of tailored county-specific plans to enhance the provision of child welfare services. DHHS should implement this recommendation by December 31, 2021.

Recommendation 3. If the General Assembly chooses to fund NC FAST in Fiscal Year 2020–21, it should direct DIT to embed staff within the NC FAST team to provide additional state oversight and reporting on P4 challenges.

Finding 3 demonstrates the lack of coordination among groups that provide oversight for the NC FAST P4 project. Embedding a DIT staff member within the project will provide additional oversight to ensure

- adequate progress is made towards goals,
- additional reporting is provided to DIT and the General Assembly concerning NC FAST P4 progress,
- funding is used efficiently, and

- taxpayer investment in child welfare is protected.

The General Assembly should direct DHHS to complete this staff integration within one month of passing a budget for NC FAST.

Recommendation 4. The General Assembly should direct DHHS to prioritize improvements in the usability of NC FAST in future vendor contracts.

As described in Finding 5, current P4 usability is poor and could be improved either with the implementation of another case management system or the addition of a better end user interface for the existing system. The General Assembly should direct DHHS to prioritize usability in any future vendor contracts for P4 software. DHHS should report on implementation of this recommendation to the Joint Legislative Oversight Committee on Health and Human Services by December 31, 2020.

Recommendation 5. The General Assembly should direct DHHS to require a free proof of concept for any additional software purchased to reduce unnecessary risk to the State.

In conjunction with Recommendation 4, the General Assembly and DHHS should require vendors providing any additional software as a result of the pending request for information to provide a free proof of concept. Large contracts for information technology software or services contain risk for the State because they are costly. Some states have entered into agreements for child welfare case management software or user interfaces without proof that these solutions would work with existing technology.

A proof of concept is a demonstration to show or prove that software can work. The purpose is to test the technology, plug in real data, and use it as if it were performing actual day-to-day work. In this case, because NC FAST is so integrated and complex, vendors should be required to create a proof of concept that demonstrates their technology can successfully work in conjunction with NC FAST. DHHS should design a proof of concept with a set of use cases and features the department wants to validate; the vendor would then be required to demonstrate that those use cases and features are indeed valid. DHHS should implement this recommendation by December 31, 2021.

Appendices

Appendix A: Overview of NC FAST

Appendix B: Reported Issues with NC FAST P4

Appendix C: System Usability Scale

Agency Response

A draft of this report was submitted to the Department of Health and Human Services for review. Its response is provided following the appendices.

Program Evaluation Division Contact and Acknowledgments

For more information on this report, please contact the lead evaluator, Sara Nienow, at sara.nienow@ncleg.gov.

Staff members who made key contributions to this report include Natalie Garrett and Adora Thayer. John W. Turcotte is the director of the Program Evaluation Division.

Appendix A: Overview of NC FAST

NC FAST is an enterprise solution with interconnected modules that share information about people and services to deliver state economic benefits and human services at the county level. NC FAST (North Carolina Families Accessing Services through Technology) is intended to share client data across nine programs and 100 counties, making it easier to provide services to NC families as their needs change or they move to a different county. The North Carolina Department of Health and Human Services (DHHS) began developing the NC FAST system in 2003, and contracts for its development were awarded in 2008. Implementation began in 2012 and new programs and functions have been rolled out on an ongoing basis. Ultimately, NC FAST will replace 19 legacy systems and link nine programs providing economic benefits and social services for families.

NC FAST was created to substantially increase the efficient delivery of all social services across the state, ultimately maximizing local, state, and federal human welfare resources. A critical component is NC FAST's capacity to "break down silos" across different social service programs that were previously separated across incompatible systems. For example, using NC FAST, child welfare workers could easily and quickly see all other services families are receiving, making them better equipped to assist children efficiently and appropriately. NC FAST's cross-program communication can also help ease life transitions for clients, while at the same time decreasing the administrative burden for social workers. For instance, a fully developed NC FAST system could automatically inform social service workers which Aging and Adult Services a child would qualify for upon aging out of the foster care system. Another key advantage of NC FAST is the ability to track individuals and outcomes for more transparency, accountability, and accurate reporting and analysis both at the federal and state level. Furthermore, counties using NC FAST are able to easily share information with other NC FAST counties, so case information is complete and available when clients cross county lines. Through automation and system modernization, NC FAST is designed to help recipients and providers of social services by reducing processing times, service gaps, and the potential for fraud, redundancy, and inaccurate or duplicative data.

NC FAST was developed using monolithic architecture, which affects ongoing system modification efforts. Enterprise systems with monolithic architecture are made up of tightly interrelated components or parts. This means that a change to any aspect (business rules, added data elements, hardware upgrades) of any component requires adjustments and/or re-alignments of all components to accommodate the original change. The alternative to monolithic system architecture is modular system architecture, which is made up of components or parts that are loosely interrelated. Unlike monolithic systems, modular systems have clearly defined demarcations where the connections (interfaces) between sections of the architecture (modules) are explicitly defined. Because modules are clearly defined, changes to any module can be deployed without readjusting or realigning other modules, as long as the changed module still communicates and behaves as the interface definition promises. Due to the early decision to use monolithic architecture, all of NC FAST is built on base case management software provided by IBM/Cúram. This base case management software does support some modularity. For instance, the Diona mobile application is being successfully used in conjunction with the case management software. Currently, child welfare systems must have modular architecture to meet federal CCWIS requirements. As of 2016, NC FAST was exempt from modular design requirements because it was reusing an existing business application. However, modular architecture would be required if North Carolina were to reapply today.

North Carolina was one of five states to use Affordable Care Act funds to build an enterprise system that included child welfare. The federal Affordable Care Act (ACA) enacted in 2010 required states to develop consumer-friendly enrollment processes for Medicaid and children's health insurance programs that coordinate with HealthCare.gov. While most states opted for a separate operating system for child welfare, DHHS was already developing the NC FAST system for determining eligibility and delivering state economic benefits and social services at the county level and decided to integrate child welfare with the rest of the enterprise system. DHHS was thus able to apply ACA funds to developing portions of NC FAST that would ultimately become part of P4.

The implementation of the Affordable Care Act altered the NC FAST schedule and rollout strategy. The federal ACA requirements caused DHHS to alter implementation plans for NC FAST to meet the October 1, 2013 ACA deadline. The initial schedule for NC FAST anticipated six projects, with P4 as the third module to roll out. To meet the ACA implementation date of October 1, 2013, DHHS was compelled to alter the NC FAST project schedule, pushing P4 further into the future as the sixth NC FAST module to be implemented. NC FAST team representatives claim the pressure to meet the 2013 ACA deadline negatively affected P4 development in other significant ways. Seven additional NC FAST modules have since been added, each of which is described in Exhibit 16.

There have been difficulties implementing each of the NC FAST modules. Counties began experiencing problems with NC FAST as soon as P1 (Global Case Management and Food and Nutrition Services) was launched in May 2012. Despite difficulties, P1 rollout continued to all counties in March 2013. Technical problems increased substantially in July 2013 after the addition of Medicaid and TANF functionality to NC FAST. DHHS leadership publicly attributed the issue to a lack of county preparedness and cooperation rather than technical issues, creating disconnect between the State's NC FAST team and county users. By the time the NC FAST team resolved the issue in August 2013, the software disruption had left more than 30,000 people awaiting overdue food stamp benefits.

A Program Evaluation Division report published in April 2016 confirmed that Medicaid eligibility determination timeliness was reduced by NC FAST. An audit released in June 2017 found further problems with NC FAST Medicaid implementation, including training inadequacies, staffing shortfalls, and untimely help desk ticket resolution. By the time P4 was rolled out, these struggles with the delivery of earlier P modules had created widespread doubt among counties about the system's capacity and suitability and the quality of assistance available from the State to counties during the software transition.

Exhibit 16: Summary of NC FAST P Modules

Module Number	Module Name	Program Area	Functionality	Implementation Status	Replaced Legacy System
P1	Global Case Management and Food and Nutrition Services	<ul style="list-style-type: none"> Adult and Family Services Child Welfare Food and Nutrition Services 	<ul style="list-style-type: none"> Logging of clients and workflow routing for interview screening Food and Nutrition Services <ul style="list-style-type: none"> Intake and assessment Eligibility determination Benefit delivery 	Implemented	<ul style="list-style-type: none"> Food Stamp Information System
P2	Eligibility Information System (Part 1)	<ul style="list-style-type: none"> Screening and Intake <ul style="list-style-type: none"> Medicaid Special Assistance Refugee Assistance Work First 	<ul style="list-style-type: none"> Screening Intake and assessment Basic calculations 	Implemented	<ul style="list-style-type: none"> Replacement of user interfaces within EIS for DSS-8124 <ul style="list-style-type: none"> Work First Family Assistance Medical Assistance Refugee Assistance Special Assistance DSS-8125 <ul style="list-style-type: none"> Eligibility Data Entry Screen
P3	Low Income Energy Assistance Program, Child Care, and Crisis Intervention Program	<ul style="list-style-type: none"> Child Care Crisis Intervention Program Low Income Energy Assistance Program 	<ul style="list-style-type: none"> Screening Intake and assessment Eligibility determination Benefit delivery 	Implemented	<ul style="list-style-type: none"> LOW INCOME ENERGY ASSISTANCE PROGRAM Subsidized Child Care Reimbursement CRISIS INTERVENTION PROGRAM
P4	Child Services	<ul style="list-style-type: none"> Adoption Services Child Placement Services Child Welfare Services Child Protective Services Foster Care Services 	<ul style="list-style-type: none"> Child Protective Services <ul style="list-style-type: none"> Screening and intake Assessment Facilities and service provider's licensure support Structured decision-making tools Service planning and provision of services to families and individuals in-home and out-of-home Court activities Placement and payment for residential care Adoption filing and finalization 	Paused	<ul style="list-style-type: none"> Child Placement and Payment System Central Registry Child Abuse and Neglect Central Registry Fatalities Multiple Response System Adoption Index Management System Foster Care Facility Licensing System Interstate Compact on Placement of Children

Module Number	Module Name	Program Area	Functionality	Implementation Status	Replaced Legacy System
P5	Aging and Adult Services	<ul style="list-style-type: none"> Adult Care Home Case Management Adult Protective Services Foster Care Services Guardianship Services State-County Special Assistance for Adults State-County Special Assistance for Adult In-Home Program 	<ul style="list-style-type: none"> Adult Protective Services <ul style="list-style-type: none"> Screening and intake Facilities and service provider's licensure support and general assessments Guardianship services Placement and payment for residential care Adult care home case management Court activities 	Not Implemented	<ul style="list-style-type: none"> Adult Protective Services Services Information System Daysheets Disinterested Public Agent Guardians Special Assistance (SA) In-Home
P6	Eligibility Information System (Part 2)	<ul style="list-style-type: none"> Eligibility <ul style="list-style-type: none"> Medicaid Special Assistance Refugee Assistance Work First 	<ul style="list-style-type: none"> Eligibility determination Benefit delivery Quarterly reporting <ul style="list-style-type: none"> Transitional Medicaid Work First 	Implemented	<ul style="list-style-type: none"> Employment Program Information System Eligibility Information System Temporary Assistance for Needy Families - Data Collection System
P7	NC FAST Federally Facilitated Market Interoperability	Medicaid/CHIP	<ul style="list-style-type: none"> Intake and assessment from the customer-facing portal (EPASS), and caseworker intake Integration with the federal data hub to support a bi-directional interface for account transfers Eligibility determination under non/modified adjusted gross income rules Implementation of federal and state-mandated reports Support annual open enrollment 	Implemented	
P8	Eastern Band of Cherokee Indian (EBCI) Integration	<ul style="list-style-type: none"> Food and Nutrition Services Medicaid/CHIP 	<ul style="list-style-type: none"> Accept EBCI as an individual entity, comparable to a county, within NCFAST system Design, develop, test, and implement the functionality Extend current interfaces with partnering legacy systems Update forms and reports 	Paused	
P9	Medicaid Self-Service and Enterprise	<ul style="list-style-type: none"> Food and Nutrition Services Medicaid/CHIP 	<ul style="list-style-type: none"> EPASS portal required updates 	Implemented	Enterprise Programming Integrity Control System (EPICS)

Module Number	Module Name	Program Area	Functionality	Implementation Status	Replaced Legacy System
	Program Integrity	<ul style="list-style-type: none"> Work First 	<ul style="list-style-type: none"> Remote identify proofing to validate sufficient information uniquely identifying clients Medicaid self-service functionality Healthcare enterprise accounts receivable and tracking system interface Coordinated eligibility notice with Federally Facilitated Market and account transfers Requirements determination for replacing the Enterprise Programming Integrity Control System legacy system 		
P10	Identity Proofing Feasibility	<ul style="list-style-type: none"> Child Care Crisis Intervention Program Food and Nutrition Services Low Income Energy Assistance Program Medicaid Special Assistance Work First 	<ul style="list-style-type: none"> Determine the feasibility and identify viable products with associated costs to provide electronic identity proofing when applying for selected benefits from NC FAST <ul style="list-style-type: none"> Reduce fraud Improve accessibility Increase agency efficiency 	Closed Out	
P11	Social Security Number Removal Initiative (SSNRI)	Medicaid	<ul style="list-style-type: none"> Update system rules related to the new Medicare beneficiary identifier Update batch interface files to include the Medicare beneficiary identifiers Make the Medicare beneficiary identifiers field available for data warehouse reporting 	Implemented	Not Applicable
P12	Document Management System (DMS) Enhancement	<ul style="list-style-type: none"> Child Care Child Protective Services Child Welfare Services Enterprise Program Integrity 	<ul style="list-style-type: none"> Centralize documents and verifications related to NCFAST cases in one place <ul style="list-style-type: none"> Scan, index, store, and retrieve documents Transfer documents for storage and retrieval 	Paused	Not Applicable

Module Number	Module Name	Program Area	Functionality	Implementation Status	Replaced Legacy System
		<ul style="list-style-type: none"> • Food and Nutrition Services • Low Income Energy Assistance Program • Medicaid/CHIP • Refugee Assistance • Work First (TANF for NC) 			
P14	NC FAST Medicaid Transformation	Medicaid	<ul style="list-style-type: none"> • Update NC FAST to support new data exchange with Enrollment Broker and additional data exchange with Medicaid Management Information System (NC Tracks); tribal option and tailored plans • Generate the Benefit Enrollment and Maintenance data file to transmit the beneficiary eligibility and enrollment prepaid health plans • Beneficiary eligibility and enrollment data exchange with new Medicaid Integrated Modular Solution system • File transmission and beneficiary eligibility and enrollment data exchange for NC Tracks 	Slowed	Not Applicable
P15	Infrastructure Modernization	<ul style="list-style-type: none"> • NCFAST <ul style="list-style-type: none"> ○ Architecture ○ Infrastructure 	<ul style="list-style-type: none"> • Manage requirements of all NC FAST projects and collaboration with non-NC FAST infrastructure offices and workflows • Investigate current services essential to support the NCFAST charter: move to the cloud; consolidate; virtualize • Audit licenses, usage, and apply technological best practices • Provide 24x7 services • Audit data security and employ current best practices 	Not Implemented	Child Services Read Only (CSRO)

Source: Program Evaluation Division based on information from the Department of Health and Human Services.

Appendix B: Reported Issues with NC FAST P4

Table B.1 Existing P4 Defects

Subject Area	Summary	Business Severity	Description	Business Approved Workaround
Ongoing Case Management	Child Welfare Business Systems Support role receives Insufficient Privileges error on Placements Page	Low	Child Welfare Business Systems Support role receives Insufficient Privileges error on Placements Page Expected: Placement inline pages display correctly Actual: Placement inline pages do not display. Message is shown: "ERROR: You do not have sufficient privileges to view this page."	
Ongoing Case Management	Assessment Case Hard Lock causes permissions error on Ongoing Case Home Page, Eligibility Tab	Medium	Assessment Case Hard Lock causes permissions error on Ongoing Case Home Page, Eligibility Tab. Expected: Ongoing case Home page displays Actual: Ongoing Foster Care home page shows error "An Application Error has Occurred. You do not have maintenance rights for this case. Please contact your security administrator."	Approved 02/27/20: County staff will need to add the Ongoing Case Owner as an Authorized User to the Assessment case, which has a Hard Lock / COI applied.
Investigation	Not able to submit any FASN if there is progress associated with any linked factor	High	Not able to submit any FASN if there is progress associated with any linked factor	
Ongoing Case Management	Case Logs must have values "Home" and "Other" in Method dropdown and "Case Staffing/Planning" in Type dropdown	Major	Case Logs must have values "Home" and "Other" in Method dropdown.	Approved 02/24/20: No temporary process change is available that will allow Social Workers to record Contact Logs accurately.
Intake	Justification Comments Should appear in DSS-1402 Form	Medium	Actual Result: Justification from screened out page is not showing in the structured intake. Expected Result: Justification comments should appear on DSS-1402 Form.	Approved 02/20/20: County staff will need to write in justification for screening out Intake cases and sending to a non-NC FAST county.

Subject Area	Summary	Business Severity	Description	Business Approved Workaround
Intake	Approval Task is closed but it is still visible in the list.	Medium	Approval Task is closed but it is still visible in the list. Expected result: The task shouldn't be visible Actual result: Task is still visible in the list	Approved 2/19/20 County staff should contact NC FAST Help Desk and request a system correction.
Financial	Reimbursement adjustments amounts are incorrect when dates are edited for associated created payment and reimbursements.	High	When the dates are edited for a placement whose payments are processed and the corresponding payment adjustments are approved, the reimbursement adjustments created have incorrect amount. Expected Result: The Reimbursement adjustments amounts should be correct Actual Result: The Reimbursement adjustments amounts are incorrect.	Approved 2/18/20: County staff should contact the Help Desk for NC FAST to perform a system correction.
ICPC	The validation message 'Please use the open On-going case to create a Pre-Adoption case for this person.' is displayed while creating a new ICPC Request or modifying the NC County.	High	Unwanted validation message 'Please use the open On-going case to create a Pre-Adoption case for this person.' validation is displayed while creating a new ICPC Request or modifying the NC County. Expected Result: The 'Please use the open On-going case to create a Pre-Adoption case for this person.' validation message must not be displayed. Actual Result: The 'Please use the open On-going case to create a Pre-Adoption case for this person.' validation message is being displayed.	Approved 2/19/20 State ICPC will need to contact the Help Desk. NC FAST will contact the County staff asking for them to create a New Pre Adoption Case from the existing Ongoing case.
Person	Person Search takes more than 3 minutes	High	Observing High response times (over 3 mins) on "Intake Short Cuts person Search Action" transaction in Production.	Approved 02/20/20: County staff will need to anticipate the additional time for the system to return search results.
Investigation	The Alleged Victim Case Participant Role record continues to show status as Active (RST1) even when the role is changed from Alleged Victim to Child. It should show as inactive for reporting.	High	Users are able to remove the role of "Alleged Victim" in the assessment case. Unfortunately, Case participant role table still shows "Alleged Victim" with a status of RST1 (instead of RST2). Outcome: Case participant role table shows "Alleged Victim" role as (RST1) and "Child" role also as (RST1) Expected Outcome: On Case participant role table the child role should as RST1 and "Alleged Victim" should show as RST2	Approved 2/20/20: County staff should contact the Help Desk for NC FAST to perform a system correction.

Subject Area	Summary	Business Severity	Description	Business Approved Workaround
Financial	Reimbursement Adjustment Search' displays adjustments prior to P4 Release 1 date	High	'Reimbursement Adjustment Search' displays adjustments prior to P4 R1 date Expected: P4 R1 went live in August 2017, so no financial records prior to this period should be display. Actual: Adjustments generated for the period prior to August 2017 is being displayed in 'Pending' status.	Approved 2/20/20: County staff will need to disregard adjustment records prior to implementing NC FAST.
Person	Person Merge is not Updating correct Person on an Assessment Case.	High	Description: When Person merge is being done either through Match Client or from the Person home page following components are not updating with correct participants: Allegation Assessment Tool Contact Logs Participants Expected results : Allegation, Assessment Tools must be merged correctly. Actual results: Allegation, Assessment Tools are not merging correctly.	Approved 2/20/20: County staff should contact the Help Desk for NC FAST to perform a system correction.
NIECE	NEICE_ICPC Case Transfer is blocked since the link is disabled for 'Regulation 1' ICPC Requests when NC is the receiving state	High	Expected Result: The 'ICPC Case Transfer' link must be enabled. Actual Result: The 'ICPC Case Transfer' link is disabled.	Approved 2/18/20 County staff will need to contact the County DSS and request them to take the case ownership of the Ongoing Foster Care Case.
ICPC	The validation "ICPC case can only be completed by ICPC state consultant or ICPC state supervisor" when social worker is trying to complete the Ongoing Case	High	"ICPC case can only be completed by ICPC state consultant or ICPC state supervisor" validation when social worker is trying to close the ICPC case. Expected result, User should be allowed to complete the case	Approved 2/18/20: County staff should contact the Help Desk for NC FAST to perform a system correction.
Licensure	Licensure System is throwing validation when Program Consultant Supervisor is trying to change the address	High	System is throwing validation when program consultant super is trying to change the address. Expected Result: This validation shouldn't be thrown. Actual Result: Getting validation while changing the user address	

Subject Area	Summary	Business Severity	Description	Business Approved Workaround
Financial	P4 Prod Financials Placements with Out-of-State Family Foster Home are not receiving unlimited maximization	High	<p>Placements with Out-of-State Family Foster Home are not receiving unlimited maximization. When a placement is created with Provider type Child Services County DSS – Out-of-State Family Foster Home and allowable additional allowance is added, the additional allowance is not being reimbursed.</p> <p><i>*Expected Result:*</i> Allowable Additional allowance should be reimbursed for Child Services County DSS – Out-of-State Family Foster Home</p> <p><i>*Actual Result*:</i> Any reimbursable amount beyond SBR is not being reimbursed.</p>	<p>Approved 2/6/20: County staff should request a Manual Adjustment from the State Finance Worker.</p>

Table B.2 Examples of P4 Enhancements

Subject Area	Summary	Business Effect	Description	Business Approved Workaround
Adoption	Send task to creator of Pre-Placement Assessment when that PPA has been rejected	Time can be wasted for a possible adoption, the worker, and any adoptive families if a preplacement is rejected and is not known about in a timely manner. This delays communication and could delay a child being placed for adoption.	Currently, behavior does not include an indication when a Preplacement Assessment is rejected by an adoption worker’s supervisor. Adoption workers need to be notified that the PPA created was not approved. This CR will have the system send the creator of a PPA a task that will inform the user of the recorded response reason as to why the PPA was rejected.	<p>Approved 01/14/20: County staff will need to communicate outside of NC FAST to PPA creators when the PPA has been rejected.</p>
Eligibility	Implement work queues to inform income maintenance worker about verification of IV E Eligibility Evidences	Some cases will not be reviewed timely and it holds up the Child Welfare worker.	This will be a work queue set up for a user to submit a task to the IV-E Eligibility Workers work queue where they can review the information, and then depending on the county's work process either route it back to the user, approve it, or submit it to the supervisor. There will be options for those counties who do not use this method (because they have direct contact with the IV-E Eligibility workers) to not utilize this method.	<p>Implement work queues to inform income maintenance worker about Redetermination is Pending for a Removal for Authentication (Due Diligence by System for Tracking and Auditing) Purposes.</p>

Subject Area	Summary	Business Effect	Description	Business Approved Workaround
Financial	Recalculate payments should also recalculate Reimbursements		Currently the functionality for Calculate Payments includes only the ability to recalculate the payment amount. This button does not work if the Reimbursement amounts are incorrect and a reassessment ("refresh") of the reimbursement is required. The only way to do this now is to make dummy updates to information that impacts reimbursement such as "Resource Allocation" evidence, which is not efficient. To enable this, the recalculate payments should reassess Payments as well as Reimbursements	County staff will need to create manual adjustments when expecting reimbursement recalculation along with payment recalculations.
Forms	Add ability to select children when printing Family Service Agreement (DSS-5240)	Users are unable to print a parent/child-specific service agreement the worker must create a separate case plan targeted to the desired child(ren)	The current design does not allow a user to print the Family Service Agreement (FSA) for <u>some</u> of the children included in the Outcome Planning. This is needed for blended families where one parent is not the parent of all children included in the Outcome Planning. The current design prints the FSA for ALL children on the case in a single document. Doing so may contribute to printing unnecessary pages for children with a non-resident parent who are not privy to view the case plan for children who do not belong to him/her. Adding child selection to the print functionality (see image below) offers flexibility to the children printed on the plan.	
Forms, Intake	Modifications regarding Race and Ethnicity for CAPTA compliance PART 1	Non-compliant with a federal requirement	DSS has provided new form templates with changes to the Race and Ethnicity display to be consistent with CAPTA requirements. This Change Request is Part 1 (of 3) of the overall CAPTA changes required. Two other CRs will cover additional changes required.	DSS provided new form templates with changes to the Race and Ethnicity display to be consistent with CAPTA requirements.
Global	Need the ability to auto save any rich text entry in Customized Case logs.		No auto save to keep from losing documentation.	

Subject Area	Summary	Business Effect	Description	Business Approved Workaround
Intake	In Intake Cases, Need County Transfer option and reason for County Transfer when completing a Screen-Out	There is a loss of data for reporting and information regarding tracking the processes done with cases that are screened out. Counties need to be aware of the ongoing events regarding children within their counties.	Need the ability to select a county, and applicable transfer reason, when completing a screen-out as a Supervisor. This should function in the same way as a screen-in process when completing a transfer (going to appropriate county work queue or closing when it goes to a non-NC fast county). Will also need the 1402 to be generated when the scenario is a transfer, regardless of the screening decision.	Business has approve having the sending county make the screening decision and then transfer the case to the receiving county who then can acknowledge the transfer of information was received.
Intake, Investigation	Add value of "Twelfth Grade" to grade level for Case Head School details		Current wizard for creating a Case Head on Intake Case allows users to record Grade Level using drop down selection list. This list does not include option to indicate the person is in the 12th grade. This issue is inconsistently structured in the various legacy systems. Sometimes asks for the highest grade completed and other times ask for Current grade. This CR will need to have DSS provide a consistent policy regarding the recording of educational level for NC FAST to have a consistent approach to education level.	
Investigation	Revise method for managing Case Logs when performing Split Assessment action		The current logic for handling Case Logs (Contact and Notes) when user performs "Split Assessment" places some logs in "Closed" status. Additionally, some Contact Logs are not being copied to both Assessment cases when participants are selected. No Case Log should be marked "Closed" as a result of Split Assessment. Some logs need to be present on both Assessment cases. This CR will modify the logic for Case Logs when Split Assessment is performed to ensure the documentation is present on the cases as needed.	Approved 12/06/19: County staff will need to review Case Logs following Split Assessment. If Case log is missing, user will need to enter. If a needed Case Log is marked as closed, Help Desk will need to be notified to modify the status.
Licensure	Increase Character Limits in Licensing	Time impact. Loss of data integrity.	A lot of time is being wasted on re-doing documentation when the worker is not finished with narrative and reaches character limits. There are no workarounds other than to re-do the work and start typing again from the beginning.	This issue is being addressed by NC FAST as part of the Business System Review (BSR) Joint Application Design (JAD) sessions.

Subject Area	Summary	Business Effect	Description	Business Approved Workaround
Ongoing Case Management	Allow user to edit Customized Monthly Case Contact logs using wizard 'Save and Exit', 'Back' and 'Next' steps		Child Welfare policy requires a structured process for Monthly Contact records for In-Home and Permanency Planning cases. NC FAST developed customized Case Contact logs to meet this policy requirement. The current design requires the user to select each step of the Contact Log when editing the contents. The preferred approach is to allow the user to step through the Contact log editing where needed and select 'next' or 'back' to navigate through the Contact Log. Having "Save and Exit" will allow users to save at any point and return to the wizard. Changing the way a user edits these contact logs will improve user efficiency and effectiveness.	Approved 11/21/19; County staff will need to select the specific step of the Monthly Contact Log needing edited individually until this change can be implemented.
Outcome Plan	Need context-sensitive help for Outcome Planning pages	More Help desk calls	Need context-sensitive help throughout the Outcome Plan screens. When you click on the ? mark on the upper right corner of the screen system will show respective context sensitive help information for that page.	Context-sensitive help as described above would provide for better work flow and fewer Help Desk calls.
Reporting	Align Placement Dates and Living Arrangement Dates(Reporting)	Reporting is incorrect and not truly reflective of Living Arrangements; Licensing reporting needs to reflect as the counties cannot calculate placement changes for NC FAST counties and we cannot use CSDW to accurately provide current or any point in time LA Type.	In Legacy there is no placement type or placement start/end dates. There is only LA type and LA start and end date. Reporting needs every placement start and end date and the living arrangement type associated with each placement episode. A living arrangement type can span multiple placements (e.g. moving from family foster home A to family foster home B) or it can change with each placement.	None

Source: Program Evaluation Division based on information provided by the Department of Health and Human Services.

Table B.3 Comments from Site Visit Counties

Area	Description of Issue
Help Desk	Help desk tickets are only available to the point of contact that entered the ticket. Sometimes more than one person needs access to these tickets.
Help Desk	Help desk tickets that are called in do not contain a description of the problem.
On-going case management	Information from Risk Assessment doesn't automatically get pulled over when a case is transferred from assessment into ongoing case management. This does happen for strength and needs assessments.
Person	We would like NC FAST to be able to track previously known addresses for people. This information might be needed for an affidavit.
On-going case management	Cannot print case logs and these are not formatted. County must use work around by creating a zip file for the entire case.
On-going case management	Prints all MCF's first and out of sequence
Foster Care	Unable to print narrative from provider page
Foster Care	Cannot attach documents to provider page
On-going case management	Cases in which children in the same family are involved in different service areas (In-home, Foster Care, Adoption) SW's are working within the same ongoing case. This gets confusing and hard to tease out what information belongs to which case. This could also lead to confusion with other counties' understanding of who to communicate with regarding the case.
On-going case management	Language used by NC FAST on case plans is different than state language.
On-going case management	Case plan data entry is not user friendly, lots of clicking in various areas to enter all needed information.
ICPC	Can't have an adoptive home out of state and have them in the system and pay them. These families have to be registered as something other than adoptive parents which caused the issue with the ICPC
Global	A duplicate person was created in the system, merged incorrectly, and this caused everything to be added to the wrong child. When searching the child, they were no longer associated to the ongoing case. It took a month to resolve and no work could be done on the case while this was being done.
Global	CPS history attached to a duplicate person can only be found by drilling down and doing a Person of Interest search for each duplicate.
Misc.	System doesn't like special characters/formatting sometimes and we have had trouble with documents printing if a special character is listed.
On-going case management	Easier for SWs to complete state forms and attach to file rather than entering them into NC FAST because it requires a lot of extra steps/clicks and time. Especially true for foster care.
Foster Care	Provider page narrative still show the date they are entered and not the date of actual date/time the entry took place.
	Photos still have to be uploaded and attached individually. For I/A cases where there are a large number of photos, this is extremely time consuming

Area	Description of Issue
Global	New system releases result in new system issues/defects
Global	System is not statewide as intended and fear about what this means for counties that are using it.
24-7 Access	lack of 24/7 access to system: reports and information received during inquiry only must be entered in delay; reports and information entered in delay are not available to other users; Workers that are unable to complete work in the system during the regular 40 hours do not have a n opportunity to do so outside typical work hours; work completed during inquiry only is entered in delay, making efforts and action taken unavailable in a timely manner; Attachments were unable to be viewed when the system was inquiry only (court orders, Nationwide searches, criminals, and criminal record) which creates barriers in having information needed to make critical decisions and complete diligent efforts
Reporting	We are unable to run reports from NC FAST. This causes the intake SW to search several ways to ensure that cases are being assigned timely on Monday morning from the weekend. We have access to Data Warehouse but it is not always correct and we are not sure where it pulls information from all the time.
Printing	It takes 13 clicks to print a form through the proforma process. Is it possible to have the forms available on a list actions to allow you to print without going to a complete a pro-forma? Some forms are able to be generated with one or two clicks without going through a pro-forma process.
Inquiry-only mode	Inquiry only does not always work during updates and presents a problem for extended service workers as they cannot get into the system to search for information and then have to spend time when the system comes back up to re-enter the information into the system.
Mandatory fields	There are places where asterisks show a mandatory field; however, it is not consistent across all fields. There are times when a worker completes all fields where there is an asterisk and then received an error message and have to go back to fill in a mandatory field that is not marked.
Page space	There is a lot of white space wasted in the context panel and it is difficult to see all the information on the homepage. It is also difficult to scroll when searching case logs, there is not much space to toggle into each case log to view the narrative or participants.
Intake	There is no ability to make/correct a mistake throughout the system Intake becomes locked and nothing can be added. If a case is closed prematurely or accidentally, you cannot reopen the case and have full functions.
Job aids	Job aids are helpful; however, it is difficult to follow due to the job aid requiring you to view 2-3 other job aids to complete one function. The system should be intuitive enough to not need that many job aids to complete a function.
Case log	Example of redundancy in case logs - you have to select notification and then fax.
Case log	Participants - it is time consuming to find who you are looking for when completing a contact log.
In home Case Contact Record	Voluntary services field- this doesn't apply to the majority of the time but you have to write something. Fix this.

Area	Description of Issue
In home Case Contact Record	Division: CFT - make one field box to type in; not multiple questions to answer.
In home Case Contact Record	Division: number 7 should be combined with services question
in home case contact record	When you edit an activity, the only option is to remove it and start all over. Please make it where we can edit.
Outcome plan	Objectives and activities should not be listed separately - activities need to go with objectives. Maybe when you toggle down on the objective, you see the activities; activities all in one row is confusing to look at.
Outcome plan	Pro-forma is not reader-friendly, and it prints needs repetitively for converted case - the readability of the form is a major issue for family centered practice
Outcome plan	The is no way to do Spanish speaking plans right now.
Outcome plan	When you change the owner of the case, it does not change the owner of the outcome plan. These two things should be connected.
Questionnaire	Data from assessments does not transfer over.
Questionnaire	Listed under "progress" these is no prompt to complete questionnaires when updating progress and the two are found in different locations- many social workers are failing to do this and this is where well-being needs are updated.
Progress	When completing updates, you can't see the activities of the plan unless you open another tab or have the document in front of you, which makes it difficult to include everything that needs to be updated. Is it possible for activities to be listed under the objectives and then the box for progress? Better yet, is it possible to list the activities in a way so they could be edited all in the same box when completing progress?
Forms	When you generate the pro forma, you only see the most recent progress. You do not see previous progress updates. This is a problem because you do not get a cumulative picture.
Forms	Only the school and medical information populates on Child Questionnaire and these are the only fields that re-populate on subsequent questionnaires for ongoing meetings.
Forms	The summary/recommendation section from the previous form should populate over to the new form.
Forms	Pro formas still have some errors.

Source: Program Evaluation Division based on information provided by NC FAST P4 pilot counties.

Table B.4 Recommendations from Site Visit Counties

Area	Description of Recommendation
Drop down Boxes	All drop down boxes should be blank. There are places where the date field auto populates the current date. In a hurry, a worker may not change that date to reflect the date it was actually completed. This could be an audit finding where the county must pay back money due to work not completed timely or inaccurate.
Foster Care Licensing	While completing a license application, there is a drop down that auto populates EBCL-Family Foster Home. The only part that is visible is the Family Foster Home, it take 45 minutes to enter a new license and a worker does not have a way to edit the form, they have to withdraw the application and begin again.
Reference Numbers	Can the number of reference numbers be reduced? There are reference numbers for a person, intake, assessment, ongoing, outcome plan, safety assessment, risk assessment. This is very confusing to a worker and leads to the possibility of missed information. We need a reference number that would cover the case as a whole. Similar to how paper files are set up. Workers spend a lot of time searching for the correct types of case, this is time that could be used to see families. For every reentry into foster care 18-21, there is a new reference number. We would like to see the family/young adult and all entries related to them.
Address	Is it possible to have the ability to search by address so that the intake workers can better locate families in the system? There are times where a neighbor may call in and does not know the name of the family. This is also a safety concern as the worker does not know what they are walking into. There may be previous reports on the family. This becomes a problem when an intake worker is hand writing a report so that they can go back and search form families while the reporter is on the phone.
On-going case management	The Strength and Needs and Continuing Needs and Safety (in-home cases) carry over to the ongoing case from an assessment case? The workers are duplicating this to create factors within an outcome plan.
Intake and Assessment	We would like to be able to print from other areas of the case. Currently if you are in assessments, you cannot print an intake form. This is necessary in time when a letter needs to be printed for a reporter. The worker now has to go back to the other case and go through the process.
On-going case management	End date/time should be optional on contact logs.
On-going case management	Should be one type of contact and one location potion; take out purpose and just have it default every time to an ongoing contact if you need something there in contact logs.
On-going case management	Would be nice if we could select 2 types e.g. HV and Collateral Contact in contact logs.
On-going case management	Would be nice if the system would pull the participant name to the top of the narrative for print view so it would look like the PPR Meeting with SW and ____.
On-going case management	Types "meeting" and "transportation" should be added as a type in the case log.
On-going case management	Method - location- should only be required if you select a certain type. E.g. A phone call should not require you to select a location.
Global	It would be nice if the system recognized what type of case you are working and would take out fields that are not applicable - like initiation - only needed in assessment cases.

Area	Description of Recommendation
	Is there any way to think about a solution to migrate emails and text message without copy/paste?
	Participants- A search box at the top where you could type three letters and the name would populate would be helpful especially in cases where you have numerous participants
	Participants- Alphabetize the participants to make it easier to find who you are looking for.
On-going case management	Narrative - instead of having to go through multiple screens to get to the written narrative, it would be nice for it to be one screen like you see when you go into the edits feature; would like it if supervised visit narrative was in the contact log.
On-going case management	The system should auto populate the entire contact record from the month before minus the written narrative for monthly permanency planning contact records. There are so many fields that do not change from month to month that you have to keep typing the same information.
On-going case management	Monthly permanency planning contact records- we would like to save "midstream" without having to have something typed in every field box before being able to save.
On-going case management	Combine number 1 and number 2 on the MPPCR; services and training - keep as training, services get captured in other sections; combine shared parenting and birth family; lifebook questions can/should be combined.
On-going case management	The question that asks if you spoke to the child privately - if you say no, there should be a comment field to explain why or have the narrative field next.
On-going case management	For the question about touring the home, it would be nice if there was a way for the system to tell you the last time you did it, so you make sure you are covering this quarterly (auto populate of last date completed).
On-going case management	For activities, it would be nice if there was an edit option. Any follow up activities needed? If you say yes, then a drop down box.
On-going case management	Make narrative number 5 and activities number 6 for monthly permanency planning contact log.
On-going case management	In home case contact record - With the contact records, please populate the previous month's record - this would be a huge time saver for social workers.
On-going case management	Observe/document sleeping arrangement - is this solely for infants or the entire family? Edit this sentence. Also, under home environment - every month you have to answer the question about guns and smoke detectors. If this is populated over and then you didn't have to select every month that would be great.
On-going case management	For the field, is there anyone new in the home? If you answer no, you shouldn't be required to type something in the box.
On-going case management	If the information asked was pared down, then it would be better. Right now, SWs are in a rush to get the form completed instead of being more thoughtful about quality of contact.

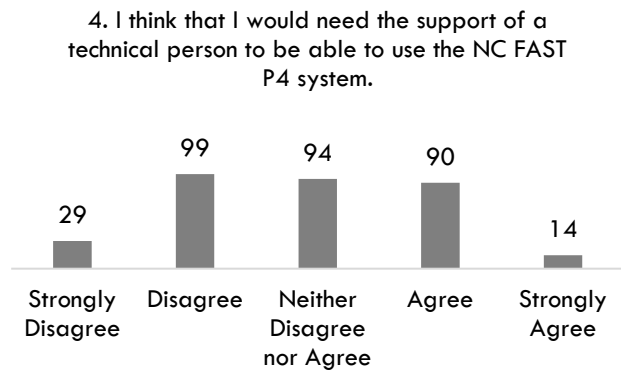
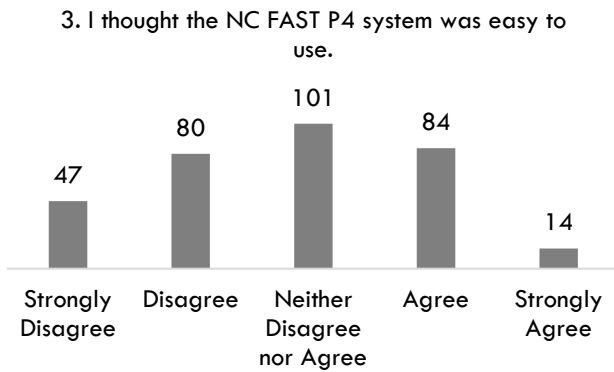
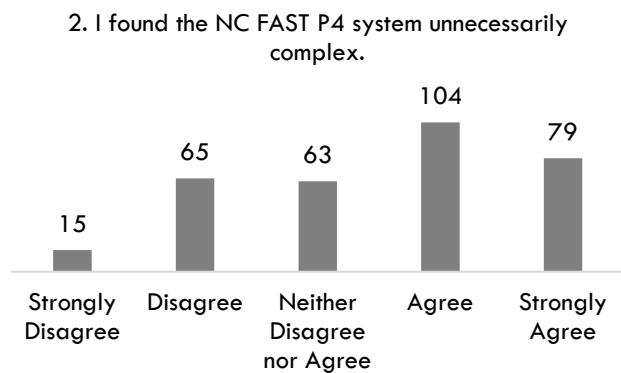
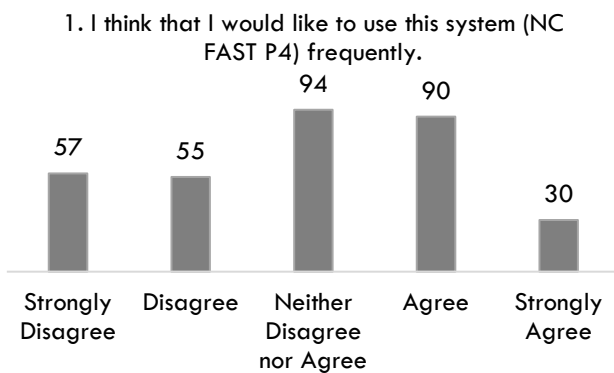
Area	Description of Recommendation
On-going case management	Right now it requires a review of the FSA ever month. This takes so much time. One box for a summary of progress would be much more efficient.
On-going case management	Voluntary services field- this doesn't apply to the majority of the time but you have to write something. Fix this.
On-going case management	In home case contact record: By the time you answer all these questions, it really "waters down" the narrative. We have seen a decline in the quality of HV narratives since this form was introduced.
On-going case management	Put the child narrative and adult narrative together.
On-going case management	Outcome plan: is there any way clicking on an outcome plan could not open a new tab?
On-going case management	Layout of outcome plan: Home (what you see first) - a list of all meetings; Case plan- the actual objectives of the plan with activities listed under them; Assessment tools tab; Flow chart could be its own tab - this could possibly be a useful chart if you could print it so that clients can see it - it provided a sort of check list. However, print is very small.
On-going case management	Objectives and activities should not be listed separately - activities need to go with objectives. Maybe when you toggle down on the objective, you see the activities; activities all in one row is confusing to look at.
Outcome Planning	Ideal world: Would it be possible to develop something like a pdf you can edit so that plans flow like one long form rather than several separate parts?
Assessment	Assessment tool tab: Is there any way to make this auto-populate from the previously completed tools?
Assessment	Assessment tool tab: Is there a way the definitions/instructions for SDM tools could be included as part of them? One idea was that they could appear if you hover over a question.
On-going case management	Since we don't use the function of updating the progress on each activity, is there a way this could go away on the pro-forma? It make it look clunky.
On-going case management	It would be nice if pop-up boxes were minimized. You cannot reference another tab if there is a pop-up box which means people are signing in to NC FAST on multiple tabs to view something while completing a pop-up box. This raised some security issues with the system. It would be ideal if these things were more like PDFs you could fill in versus pop-up boxes though we have no idea how difficult that would be and how it would change other functionalities.
Forms	Ideal world: We could complete the form all at the same time (rather than going back and forth to questionnaires) and signatures could be electronic so there is less scanning/attaching.

Source: Program Evaluation Division based on information provided by NC FAST P4 pilot counties.

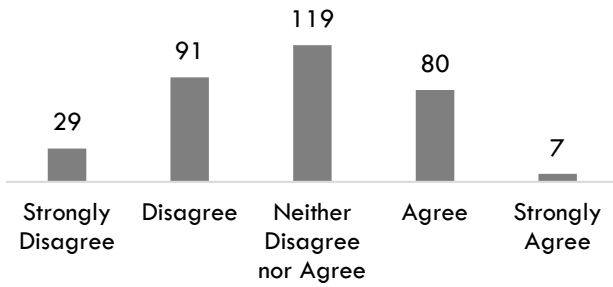
Appendix C: System Usability Scale

The System Usability Scale (SUS) was created to make cross-system comparisons of subjective assessments of usability. The SUS consists of 10 questions, each of which has five response options, from “strongly disagree” to “strongly agree.” To calculate the SUS score, PED used the scoring methodology provided by John Brooke’s 1986 white paper, “SUS – A Quick and Dirty Usability Scale.” The score contributions from each questions are added together. Each question’s score contribution ranged from 0 to 4. For questions 1,3,5,7, and 9, the score contribution is the scale position minus 1. For questions 2,4,6,8, and 10, the contribution is 5 minus the scale position. The sum of the scores is multiplied by 2.5 and divided by the total number of responses to obtain the overall value of system usability. SUS scores have a range of 0 to 100. For NC FAST P4, the score using this methodology was 39.8.

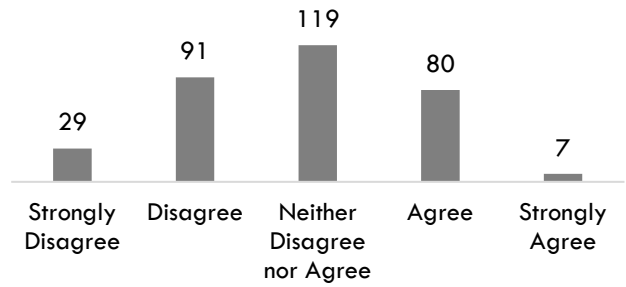
The following charts depict the number of responses received for each response option on each questions of the SUS:



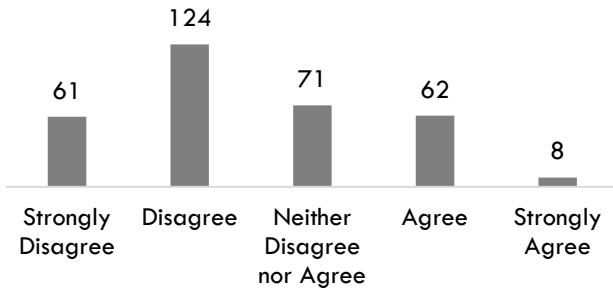
5. I found the various functions in the NC FAST P4 system were well integrated.



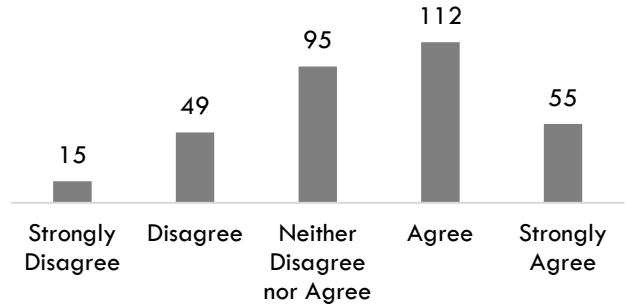
6. I thought there was too much inconsistency in the NC FAST P4 system.



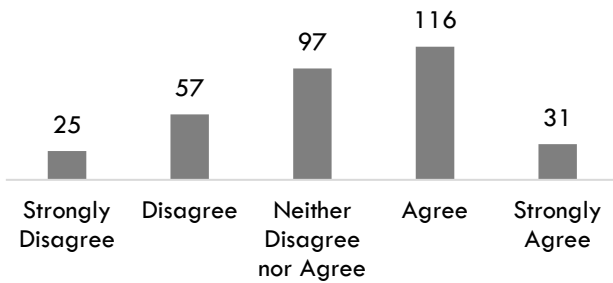
7. I would imagine that most people would learn to use the NC FAST P4 system very quickly.



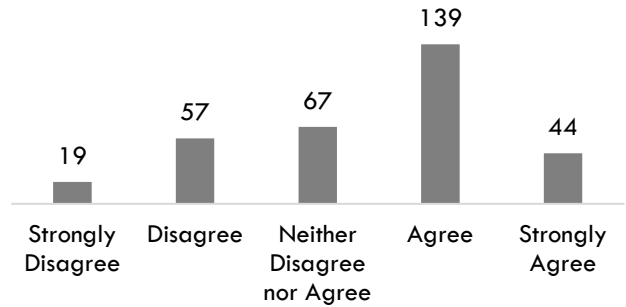
8. I found the NC FAST P4 system very cumbersome to use.



9. I feel very confident using the NC FAST P4 system.



10. I needed to learn a lot of things before I could get going with the NC FAST P4 system.





NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

TARA MYERS MS, CPM • Deputy Secretary for Human Services

May 15, 2020

John W. Turcotte
Director Program Evaluation Division
300 N. Salisbury Street, Suite 100
Raleigh, NC 276603-5925

Dear Mr. Turcotte,

This letter serves as the formal response from the NC Department of Health and Human Services (NC DHHS) regarding the Program Evaluation Division (PED) Final Report No. 2020-04. Thank you and your team for evaluating functionality of Project 4 (P4), the child welfare module of NC FAST.

A statewide child welfare information system is crucial to enhancing service delivery and alleviating numerous challenges in North Carolina's Child Welfare program. One of these critical functions of a statewide system is tracking the complete history of a child's or family's involvement with social services as they may move throughout the state from county to county.

Preliminary Findings:

The Program Evaluation Division found that P4 is functional but scores poorly on usability. Implementation of P4 by NC DHHS has been challenged by a host of issues including the absence of a state practice model, resource disparities, insufficient training, and the lack of a state budget.

NC DHHS agrees with the overall finding that the current NC FAST child welfare case management software demonstrates adequate functionality but poor usability. Usability for social workers and other end users is critical to a successful implementation, making this one of the most important issues to address going forward. The report identifies several issues that have challenged North Carolina's implementation of a Comprehensive Child Welfare Information System (CCWIS).

NC DHHS recognizes the needed changes and improvements to the implementation approach for P4 Child Welfare system implementation. Information systems as well as other key program and operational adjustments will be critical to our success for Child Welfare Reform.

NC DHHS thanks PED for recommending potential solutions to help mitigate challenges going forward for P4 Child Welfare information system improvements.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • OFFICE OF THE SECRETARY

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

NC DHHS is currently working with Gartner, an IT consulting firm, and County DSS staff and Directors on a strategic roadmap for successfully moving forward with the child welfare case management system. We will provide an update to the North Carolina General Assembly (NCGA) on this work by early June 2020. Our roadmap will prioritize addressing many key findings highlighted in PED's report.

Findings and Strategies:

Finding 1:

Lack of a unified practice model and resource disparities between counties hinder the State's ability to implement a child welfare case management system.

North Carolina began implementation of the Safety Organized Practice Model this year. This practice model will provide a framework for consistency in direct service with families through the use of family centered and strength-based risk assessments, case planning and reviews with a focus on the impact of trauma. This work is facilitated by the Center for Support of Families and is led by a group of NC DHHS leaders and directors of county departments of social services who are experts in child welfare. This group, called the Unified Public Agency Leadership Team meets regularly to review child welfare policy and standardize business practices. Support for the implementation of the practice model will also be provided through the Children's Research Center (CRC) with the National Council on Crime and Delinquency. CRC has been engaged to validate risk assessment tools which is an essential element to North Carolina's practice model. It is important to be clear that implementation of this practice model alone will not provide consistency in practice; focus must also remain on the standardization of business process and the development of policies and guidance for the work.

NC DHHS also agrees with PED's finding that resource disparities between counties poses a challenge to the State's ability to implement a child welfare case management system. In particular, systemic workforce shortages in many counties' child welfare operations is a critical issue that must be addressed in conjunction with any CCWIS implementation. Notably, there are limited allocation-based revenue streams for CPS Assessments unlike open, uncapped, funding sources for ongoing functions. This puts a greater burden on local funding and creates downstream overhead impacts for county budgets when adding staff. Counties bear the largest share of Child Welfare administrative funding between the county, the state, and the federal government.

Recommendation 1:

In the NC DHHS response to the Joint Legislative Oversight Committee on HHS (HB 630) on February 22, 2019, a feasibility and cost study on establishing caseload range guidelines, pay scales, a funding equity formula and salary pool for county child welfare and social services staff was recommended. Results from such a study would be valuable in creating a foundation for future recommendations.

Finding 2:

Lack of state policy leadership and insufficient training have stymied P4 implementation.

NC DHHS has always included local and state child welfare experts in the development of P4, however in the early development stages the decision-making authority for finalizing business requirements was not clearly defined. In contrast, a significant number of local and state child welfare staff participated in the 2018 system updates with clear decision-making authority resting with DHHS child welfare leadership. Going forward, NC DHHS plans to continue strengthening the relationship between the technology staff and child welfare policy staff to ensure a common understanding of the system’s needs. NC DHHS should only move forward with implementation of a case management system if adequate resources are dedicated to both upfront and ongoing county training and technical support.

NCFAST’s initial efforts to recruit trainers with some experience in child welfare were not successful. NC DHHS received a request from counties to conduct web-based training in an effort to minimize the time that child welfare workers were pulled away from service delivery; however, implementation was not conducted in the most optimal way. Training for P4 has again highlighted the limitations on an overburdened child welfare workforce.

The state also recently added a Director of Human Services Business Information & Analytics to oversee the development and future implementation of a child welfare solution. Any successful CCWIS implementation must include robust training and technical support both during implementation and ongoing. Due to the importance of this need, other states are increasingly looking towards Software-as-a-Service (SaaS) child welfare solutions where ongoing training and technical support are provided by the technology vendor.

Recommendation 2

Any successful path forward with North Carolina’s child welfare information system will require strategic, targeted investments not only in the child welfare technology product itself, but also in adequate resources for extensive upfront and ongoing training and technical support; readiness assessment and support for county DSS agencies; subject matter expertise related to both child welfare program/practice and technology; and a sustainable county/state governance and engagement structure. Ongoing support is also paramount for both day-to-day operations and continuous improvement in policy, practice, and technology. As North Carolina counties continue to face an ongoing child welfare workforce crisis, additional State investments into local child welfare administration and other workforce capacity solutions must also be considered.

Finding 3:

The oversight structure of NC FAST contributed to P4 development and implementation challenges.

The ambitious timeline imposed by the NCGA for the initial release of P4 resulted in inadequate planning for overall governance. In a state administered, county supervised system, this is critical.

Going forward, NC DHHS is committed to an effective governance system that defines how decisions are made and aligned with the intended outcome.

Further, the creation of a clear and collaborative state-county governance structure can be combined with other changes to the P4 implementation plan that will increase the likelihood of delivering a successful solution with greatly improved usability. These include:

- Investing time in extensive involvement of county DSS leadership and child welfare staff both in the design or re-design process and conducting pilots and making improvements based on county feedback prior to statewide implementation.
- Implementing one CCWIS module at a time rather than a comprehensive solution all at once, as evidenced by the transition from the initial P4 rollout plan to the eventual rollout of only the Intake and Assessment module. The use of a module-by-module approach focuses on successful deployments of individual modules and will include rigorous readiness activities.
- With adequate funding for P4, NC DHHS can imbed child welfare staff within the NCFast team to provide additional project oversight. However, with current funding and allocated positions, the Division of Social Services cannot fulfill its responsibility provide oversight to counties while at the same time, deploy current positions to NCFast. This would require funding both the eleven child welfare positions in the previous budget needed for regional oversight as well as position imbedded in NCFast. Additionally, any staff deployed to NCFast must be competent in child welfare practice and be able to hold the authority of the state as P4 decisions are made.

Recommendation 3:

If the General Assembly chooses to fund NC FAST in Fiscal Year 2020–21, it should direct DIT to embed staff within the NC FAST team to provide additional state oversight and reporting on P4 challenges. In general, NC DHHS believes that the oversight structure is less of a factor in the P4 challenges than the difficulties associated with program governance and resource constraints. However, DHHS would welcome an embedded DIT staff member to provide additional oversight and support.

NC DHHS acknowledges that there have been challenges with implementing all of the risk avoidance measures identified by the IV&V Vendor, though the majority of risks have been successfully mitigated. One example with broader implications and applicability was the recommendation made that DHHS bring in more child welfare subject matter/business matter experts to work on the project. Finding individuals with a combination of child welfare social work expertise, technology skills, and project management experience is a difficult task in itself, regardless of the classification and compensation being offered. The inability to offer competitive compensation for such positions exacerbates this challenge and often leaves DHHS with significant gaps in needed support.

The project that is currently underway— which includes a Child Welfare Services Assessment, Alternatives Analysis, and Strategic Roadmap— has a strong emphasis on the program governance structure that will be necessary to succeed in a state supervised, county administered system. It will also address the resource investments needed to ensure successful implementation and ongoing supports.

With a core project team that includes county child welfare staff, county DSS directors, NC DSS child welfare staff, and DHHS technology staff, the roadmap will serve as a collaborative framework to inform future development and/or procurement strategies. PED's recommendations will be incorporated into the final roadmap.

Finding 4:

NC FAST P4 is functional, but usability is poor.

NC DHHS concurs that the usability of P4 must be significantly improved. We agree that an effective system must allow efficiencies for an already challenged workforce. Usability for end users should be a top priority in determining the best path forward.

Recommendation 4:

NC DHHS agrees with this recommendation and recognizes that there is significant work left to do to improve usability throughout the system. While the lack of a budget (see finding 5 in the study) has been a significant barrier to these efforts, NC DHHS believes there are multiple strategies that can be considered to improve usability. For example, there have been notable improvements in the marketplace over the past several years with regards to child welfare technology that is interoperable and low-code (e.g., making changes does not require extensive coding, which lowers the cost of making changes). The utilization of multiple vendor technologies to deliver child welfare services, with an emphasis on usability and a seamless user experience, may assist with successfully implementing a statewide system.

Child Welfare data is particularly complex, and child welfare services are very heavy on the data entry requirements associated with mandated reporting and required documentation. Improvements in usability will have downstream benefits on improving data quality. NC DHHS must also invest in the capacity to better use the data that is being inputted to provide business value and decision-making support to social work staff.

Finding 5:

Lack of a state budget has delayed improvements to functionality; indecision about NC FAST P4 will increase overall project costs and may subject the State to federal penalties.

NC DHHS concurs. Further, it is important to build a collective understanding among stakeholders that the child welfare case management system product landscape is still evolving. Resources should be invested in continuing to improve the state's information system over time, and some modules will likely be replaced over time as superior technology solutions emerge.

Recommendation 5:

It should be noted that a formal request for proposal (RFP) process would be required for any future child welfare procurements, and this would involve collaboration from our federal partners. As part of any future RFP, DHHS would incorporate the requirement for a free proof of concept, as recommended by PED. To fully inform its go-forward strategy, NC DHHS plans to utilize the recommendations from the PED study, the county-state CWS Assessment, Alternatives Analysis, and Roadmap project, the Request for Information (RFI), guidance from the Administration of Children & Families (ACF), and input from other stakeholders.

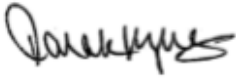
Closing:

As we move towards a statewide child welfare case management system, concerted efforts must be made to address the staffing needs in child welfare both at the state and county level. The best efficiencies in a case management system alone will not provide adequate resources for service provision, state oversight of services, or adequate protection of children's safety and well-being.

As mentioned earlier, NC DHHS is working with County social work staff and County DSS directors along with Gartner on a strategic roadmap for moving forward with our child welfare case management system. We will provide an update to the NCGA on this work by early June 2020. NC DHHS is committed to moving forward to improve the child welfare system to ensure the health safety and welfare of our state's children.

Thank you again for your report. We appreciate your collaboration in protecting the safety, health, and well-being of North Carolina's children.

Sincerely,

A handwritten signature in black ink, appearing to read "Tara K. Myers". The signature is fluid and cursive, with the first name being the most prominent.

Tara K. Myers
Deputy Secretary for Human Services